

# Kim Hohman's DanceWorks

11199 Van Wert-Decatur Rd.

Van Wert, OH 45891

419-232-6505

**Application for Kim Hohman's DanceWorks.**

**Please return with registration fee. Application is not valid without completed Emergency Medical Authorization form and Assumption of Risks and Release form.**

**Registration fee \$20.00 per dancer/\$35 per family.**

PLEASE USE ONE APPLICATION PER DANCER.

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ (2009-10 school year) Birthdate \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Phone \_\_\_\_\_

This will be my \_\_\_\_\_ year of Dance with Kim Hohman's DanceWorks, as of the 2009-2010 season.

Have you had previous dance experience other than with Kim Hohman's DanceWorks? \_\_\_\_\_

If yes, how many years? \_\_\_\_\_

**Please send application, attached forms, and registration fee to:  
Kim Hohman's DanceWorks, 11199 Van Wert-Decatur Rd. Van Wert, OH 45891**

**FOR OFFICE USE ONLY:** Date Received \_\_\_\_\_ Payment \_\_\_\_\_

**CLASS OFFERINGS  
2009-2010 DANCE SEASON**

**Please check all that you are interested in.  
All classes are held once a week and tuition is based on a  
monthly fee.**

**Age 2 or Young 3-Creative Movement**  
30 minute class weekly, \$30 per month

**Age 3- Preschool Combo**  
45 minute combination class (ballet and tap) weekly, \$35 per month.  
 **Jazz** 15 minute class, \$5 additional (must be enrolled in combo)

**Grade K-1 Combo**  
45 minute combination class (ballet and tap) weekly, \$35 per month  
 **Jazz** (can enroll in jazz if in combo class, \$10 additional)

**Grade 2-12**  
30 minute class \$30 first class, \$15.00 each additional class  
 **Ballet (2<sup>nd</sup> & 3<sup>rd</sup> grade)/Lyrical (4<sup>th</sup> grade and up)**  
 **Tap**  
 **Jazz**  
 **Clog**  
 **Hip Hop**  
 **Pointe** (grades 7-12; 45 minute class, can only be taken if enrolled in lyrical or technique)

**Boys Hip Hop**  
30 minute class, \$30 per month  
 **Boys Combo (Tap and Jazz)**  
45 minute class, \$35 per month

**Cheerleading/Pom**  
Age 3 and up, 30 minute cheer class \$30, (\$15 if enrolled in dance)

**Adult class**  
45 minute class \$35 first class, \$15.00 additional class  
 **Clog**  
 **Jazz**  
 **Hip Hop**

---

**Competition Teams, (Grade 2 and up)**  
Check here if you are interested in auditioning for competition classes. Those making the dance companies will be required to take an additional technique class once a week at the cost of \$15 per month. If you are interested in auditioning for our companies you will be required to take the summer technique camp in July or dance camp in August, where dancers will be evaluated and audition material will be taught.

**Please check those you are interested in auditioning for:**

<input type="checkbox"/> Lyrical	<input type="checkbox"/> Clog	<input type="checkbox"/> All Star
<input type="checkbox"/> Tap	<input type="checkbox"/> Acro	<input type="checkbox"/> Hip Hop
<input type="checkbox"/> Jazz	<input type="checkbox"/> Pom	

\*You will be asked again in July to verify those classes you wish to audition for.

**EMERGENCY MEDICAL AUTHORIZATION**

**KIM HOHMAN’S DANCEWORKS**

\_\_\_\_\_  
Student’s Name

\_\_\_\_\_  
1<sup>st</sup> phone number for emergency

PURPOSE - To enable parents and guardians to authorize the provisions of emergency treatment for children who become ill or injured while under Kim Hohman’s DanceWorks authority, when parents or guardians cannot be reached.

**PART I OR II MUST BE COMPLETED**

**PART I – To Grant Consent**

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone) or \_\_\_\_\_ (other parent/guardian) at \_\_\_\_\_ (phone) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by \_\_\_\_\_ (preferred physician) or \_\_\_\_\_ (preferred dentist) or in the event the designated practitioner is not available, by another licensed physician or dentist, and the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

**This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.**

Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: \_\_\_\_\_

\_\_\_\_\_

May your child have Tylenol if they have a headache: Y \_\_\_\_\_ N \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_  
Signature of Parent/Guardian Witness Initials

\_\_\_\_\_

**\*\*\*DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I\*\*\***

**PART II – Refusal To Consent**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Kim Hohman’s DanceWorks authorities to take no action or to: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_  
Signature of Parent/Guardian Witness Initials

**KIM HOHMAN'S DANCEWORKS  
PARENT/LEGAL GUARDIAN  
ASSUMPTION OF RISKS AND RELEASE**

I understand that dancing/tumbling can involve the risk of serious injury. These risks of injury include the possibility of neck and spinal injuries, and other injuries to the body, nerves, joints, ligaments, muscles, etc. I also understand that permitting my child or ward \_\_\_\_\_ to participate in the Kim Hohman's DanceWorks program is to subject my child to the possibility of injury as outlined above.

In consideration of Kim Hohman's DanceWorks permitting my child to participate in its dancing/tumbling program, I hereby agree **to assume all of the risks of injury** to my child or ward associated with said program.

I agree to **RELEASE** Kim Hohman's DanceWorks, its employees, agents, representatives, coaches, and other volunteers from any liability while attending classes, participating in exercises or using tumbling equipment or facilities, or following dance/tumbling instructions in or out of the studio or location.

I agree that the terms hereof shall serve as an **ASSUMPTION OF RISKS and a RELEASE** for my heirs, estate, executor, administrator, assigns and for all members of my family, and I further agree that if any part of this **ASSUMPTION OF RISKS AND RELEASE** is held void, the remainder shall continue in full force and effect.

In addition, I give my express consent to Kim Hohman's DanceWorks, LLC, to use/publish my child's photograph/image for studio advertisements, promotions and/or media releases.

**CAUTION**

**BY SIGNING THIS ASSUMPTION OF RISKS AND RELEASE,  
I ACKNOWLEDGE THAT I HAVE READ ITS CONTENTS AND WARNING,  
AND THAT I UNDERSTAND ITS CONTENTS AND WARNING, AND THAT I  
AGREE TO ITS TERMS.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, (year) \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian  
Or dancer/tumbler of legal 18 years of age

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness