



SummerDance 2025 Registration Form

Student Name: _____

Male: _____ Female: _____ Prefer not to answer: _____

Birth Date: ____/____/____ Age: ____ Grade as of 9/2025: ____

Street Address: _____

City: _____ State: ____ Zip: _____ Home Phone # _____

Parent 1 Name _____ Work Phone# _____ Cell Phone # _____

Parent 2 Name _____ Work Phone# _____ Cell Phone # _____

Primary Email _____ Secondary Email _____

Emergency Contact Name: _____ Relationship: _____

Phone# _____ Email: _____

● **Adult Adaptive Workshop**, (\$460) 1 four-day session June 23 – 26 _____ \$ _____

● **StoryBook Camp**, 5 one-week sessions (\$375p/week) :

June 23-27 _____ July 14-18 _____ July 21-25 _____ August 4-8 _____ August 11-15 _____

\$ _____

● **StoryBook Camp** , 1 four-day session (\$300), June 30-July 3 _____ \$ _____

● **Dance Camp**, 2 one-week sessions (\$575p/week): July 7-11 _____ July 14-18: _____ \$ _____

● **Dance Intensive**, 2 one-week sessions (\$575p/week): July 7-11 _____ July 14-18: _____ \$ _____

● **Musical Theater Camp**, 2 one-week sessions (\$575p/week): July 21-25 _____ July 28- Aug 1 _____ \$ _____

● **Musical Theater Intensive**, 2 one-week sessions(\$575p/week): July 21-25 _____ July 28-Aug 1 _____ \$ _____

● **Dancing Through the Movies**, 1 one-week session (\$575), July 8-12 _____ \$ _____

CHARITABLE CONTRIBUTION: \$ _____

TOTAL DUE: \$ _____

We accept cash, check or credit card for tuition.

Please make checks payable to: STEFFI NOSSEN DANCE

Payment by (circle one): cash / check or charge my credit card

Type: MC or VISA (*we do not accept any other card types*)

_____ Card#

_____ expiration date

_____ 3-digit CVC

_____ Name on card

_____ Signature

ADDITIONAL INFORMATION REQUIRED ON REVERSE SIDE →

We are a registered 501(c)(3) nonprofit organization, proudly serving the Westchester community for over 85 years.
Contributions are tax-deductible to the extent permitted by law.

Please share some additional information so that we may provide your child with the best possible dance experience.

Does your dancer have any medical conditions (e.g. allergies, medications, physical issues)?

Does your dancer have any particular emotional/behavioral issues and/or special learning needs? (We would like to best address your child's needs and enhance his/her dance experience. All information will be kept confidential).

Please list your dancer's prior dance experience:

RELEASE AND CONSENT FORM

I/we understand that participation in dance classes and activities, whether in-person or online, could involve risk of personal injury, bodily harm or property damage. Despite precautions, accidents and injuries may occur. By signing this Release and Consent Form (Release), I/we (the participant and parent/guardian) assume all risks related to the use of any and all spaces used, or instruction provided, by the Steffi Nossen Dance Foundation, Inc., including the Steffi Nossen School of Dance (Steffi Nossen). I/we agree to release and hold harmless Steffi Nossen, including its teachers, dancers, staff members, employees, directors, insurers, and facilities, from any and all claims, causes of action, losses, or demands now and in the future. I/we agree that we will not hold Steffi Nossen liable for any personal injury or any property damage, which may occur on Steffi Nossen's premises, at participant's home, or elsewhere, before, during or after classes. Furthermore, I/we agree to obey the instructor, class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Steffi Nossen or such other facilities at which I/we participate. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the School Director, instructor or staff member as soon as possible.

By submitting this Release, I/we also give consent for myself or my child/ward to be photographed/ videotaped during Steffi Nossen's activities. These photos/videos are the property of and for the sole use of Steffi Nossen for promotion and display purposes, including online and through social media, and not for any other commercial purpose.

I/we accept and acknowledge the above terms and conditions and agree to them individually, and as Parent / Guardian on behalf of my child / children / ward. I agree with the above terms AND I agree and accept the payment terms as set forth in the separate participation agreement with Steffi Nossen.

SIGNATURE OF PARENT

OR GUARDIAN: _____ DATE: _____

Payment & Registration Policies

- Tuition is non-refundable. There will be no refunds or credits for missed classes.
- A \$25 fee will be assessed against all returned checks.
- We reserve the right to change classes subject to enrollment. Faculty is subject to change.

I accept and acknowledge the above terms and conditions and agree to them as a Parent/Guardian on behalf of my child/children. I agree with the above terms **AND** I agree and accept the payment terms.

Mail to: Steffi Nossen School of Dance + Center for Movement: 216 Central Avenue, White Plains, NY 10606

Phone: (914) 328-1900 | Email: info@steffinossen.org

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