

Let Israel be glad in his Maker;
let the children of Zion
rejoice in their King! Let
them praise His name
with dancing, making
melody to Him
with tambourine
and lyre!
Psalm 149:2-3



Adoration
Praise Dance
Academy

2023 Registration Packet

PLEASE RETURN THE REGISTRATION FORM, LIABILITY WAIVER AND PHOTO WAIVER TO JOLIE WITH
PAYMENT BY MAY 2nd TO RESERVE A SPOT IN CLASS.

APDA 2023 SUMMER SCHEDULE

CLASSES

Tuesdays- Beginning May 9th

4PM	Little Angels (4-6 yr olds)
5PM	God Girlz (Pre-teen/Teens)
6PM	JCrew (Teens/ Young Adults)

Thursdays- Beginning May 11th

4PM	Darlings (7-9 yr olds)
5PM	Dancing Queens (Pre-teen/teens)
6PM	Spirit Chasers (Adults)

**Please note, classes are generally 1 hour, however some classes may last longer if extra instruction/practice is needed.

*****Extra Saturday Practices for God Girlz, Dancing Queens, JCrew, Spirit Chasers will be every Saturday in August. Additional practices may be added as needed.***

***DRESS REHEARSALS – AUGUST 22TH & 24TH**

***RECITAL PERFORMANCES – AUGUST 25TH & 26TH**

WE ALSO HAVE A TOTTIME CLASS FOR AGES 1-3 YEARS OLD ON TUESDAYS AT 11AM. IF YOU, OR SOMEONE YOU KNOW IS INTERESTED IN DETAILS REGARDING THIS CLASS, PLEASE CONTACT JOLIE OR VISIT OUR WEBSITE AT WWW.ADORATIONPRAISEDANCE.COM

REQUIRED CLASS DANCEWEAR

Class Dancewear for Little Angels (ages 4-6)

- Any color leotard
- Any color Tutu (Optional)
- Any color Tights or Leggings
- Black dance sneakers or jazz shoes
- Nude/light pink Ballet Slippers

Class Dancewear for Darlings, God Girlz, Dancing Queens & JCrew (ages 7-18)

- Black leotard or solid black t-shirt
- Black pants (Not tights)
- Black dance sneakers or jazz shoes
- Nude/light pink Ballet Slippers or Nude Dance Paw

Class Dancewear for Adults

- There is no required dancewear for the adults, as long as clothing is; modest, comfortable and easy to move in.
- NO jeans
- NO shorts (unless leggings are worn underneath)
- Black dance sneakers or jazz shoes
- Nude Dance Paw

*It is preferred that all dancers have the black dance sneakers or jazz shoes for class because it gives them a chance to get used to them and "wear them in", as well as giving them the stability and grip they need when dancing, but it's not mandatory for classes. **They MUST have them for recital though.***

Other class requirements:

Please be sure hair is pulled back and out of the face and any distracting jewelry is removed and stored securely.

**REGISTRATION FORM
PARTICIPANT(S) INFORMATION**

Student Name #1 _____ Age _____

Student Name #2 _____ Age _____

Student Name #3 _____ Age _____

Please note any health problems or other issues:

(If student is under the age of 18 a parent or guardian must fill out the next few lines and sign below)

Parent's name _____

Parent's phone number(s) _____

Parent's e-mail address _____

By signing below, I agree to:

- Pay up front in full in the amount of \$325.00
- OR
- \$175.00 upon registration and the remaining balance (\$150.00) by July 1st.

I also understand that there are no refunds. If I choose to withdraw myself or my student(s), I forfeit any amount previously paid. By signing below, I agree to these terms.

***PAYMENT METHOD:**

Cash, Venmo, Zelle, or Check (Receipt given upon request)

Venmo: @JolieOsborne

Zelle: 434-944-5917

Make checks payable to: Jolie Osborne 10185 Chalk Level Road Gretna, VA 24557

***There will be a \$25 fee on all checks returned by the bank due to insufficient funds*

If students is 18 or older, please sign below.

Dancer's Signature _____ Date _____

If student is under the age of 18...parent or guardian must sign below.

Parent's Signature _____ Date _____

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AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

This is to be filled out by the parent/guardian if the dancer is under 18 years of age.

Dancer's Name: _____ Date of Birth: _____

Email: _____ Phone: _____

Name/Phone of Emergency Contact: _____

Do you have any physical limitations that could be aggravated by this type of activity? (i.e. back, neck, shoulder or knee problems, etc.)

If so, please explain: _____

If you listed a condition above, is your doctor aware of this issue and has he/she given you permission to participate in ADPA classes? _____

I _____ (*print name of dancer or parent if underage*) understand that Adoration Praise Dance Academy (APDA) classes are dance classes, which include physical movements associated with a variety of genres of dance.

Participation in APDA includes, but is not limited to, participation in prayer, devotion, dancing, stretching and performing specific dance routines. Dance movements are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine and the entire skeletal system. APDA uses movements and techniques from ballet, jazz, hip hop, modern and even ballroom to construct dance routines to be performed at the recital. All dance movements are used in moderation and modesty to present appropriate and Godly dance routines. APDA classes are an individual experience and are not required or forced in any way. They are taken voluntarily by the dancers of their own accord.

APDA seeks to provide a safe environment for dancers to express themselves and learn, however, the risk of injury with any physical activity, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in the ADPA classes, I/my child will progress at **my/her own pace**. If I/my child experiences **any** pain or discomfort, it is the responsibility of the dancer to stop and rest or seek help.

Praise dance classes are not recommended and are not safe under certain medical conditions. I affirm that I alone am responsible for deciding whether I/my child should participate in these classes. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Jolie Osborne, Adoration Praise Dance Academy, any instructors of APDA and/or Living Waters Healing Arts Center and its owners and staff.

By signing my name below, I acknowledge that participation in the APDA classes expose me/my child to a possible risk of personal injury. I am fully aware of this risk and hereby release Jolie Osborne and those named above from any and all liability, negligence or other claims arising from or in any way connected with my participation with Adoration Praise Dance Academy.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Jolie Osborne, Adoration Praise Dance Academy, any instructors of APDA and/or Living Waters Healing Arts Center and it's owners and staff; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I/my child is physically able to participate in APDA classes or a licensed medical doctor has authorized the participation in this type of class and I will provide written proof of this.

If a dancer is pregnant or becomes pregnant or is post-natal, the signature on this waiver verifies that the dancer named on this form is participating in Adoration Praise Dance classes with a doctor's full approval and acknowledges and understands all risks.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above. My signature is binding to this liability waiver from this day forth.

Dancer's Printed Name: _____

Signature (Only if over 18 years old): _____ Date: _____

If participant is under 18:

As Parent or Legal Guardian of _____, I consent to the above terms and conditions for my child and/or myself.

Parent/Guardian's Printed Name: _____

Signature: _____ Date: _____

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Photo Release Form for Minors (if under 18 years of age)

Adoration Praise Dance Academy (APDA) and all representatives of **APDA** have my permission to use my or my child's photograph publicly to promote **APDA**. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Printed Name: _____

Child's Name: _____

Phone Number: _____

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CORONAVIRUS / COVID-19 ASSUMPTION OF RISK

1. **The novel coronavirus, COVID-19, has been declared a worldwide pandemic. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Adoration Praise Dance Academy (APDA) as well as Living Waters Healing Arts Center (Living Waters), has put in place preventative measures to reduce the spread of COVID-19; however, APDA nor Living Waters, cannot guarantee that you or your child(ren) will not become infected with COVID-19.**
2. **By signing this Agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my child(ren) may be exposed to or infected by COVID-19 by attending classes, events or activities sponsored by APDA and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, APDA instructors, volunteers, program participants and their families.**
3. **I voluntarily agree to assume all of the foregoing risk and accept sole responsibility for any injury to myself or my child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, or expense of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)'s participation in the Activities.**
4. **On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless APDA, Living Waters and all instructors, employees or owners of and from any claims, actions, damages, costs or expenses of any kind arising out of or relating to the any class or activity. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of APDA, Living Waters and all instructors, employees or owners, whether a COVID-19 infection occurs before, during, or after participation in the classes and activities. I agree that this waiver of liability shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the waiver of liability as a whole.**
5. **I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING IT, I MAY BE WAIVING CERTAIN CLAIMS ON BEHALF OF MYSELF AND/ OR MY MINOR CHILD(REN).**

Parent and/or Participant's Name

Parent and/or Participant's Signature

Date

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