Montville Recreation Department’s

HIP HOP
DANCE CLASSES

WHO: Grades K-2

WHAT: HIPPETY HOPPERS—This is a high energy class that is tons of fun! In this class the children will learn some jazz technique as well as some hip-hop moves. It is important for the children to have a technical basis for the newest and most versatile style of dance. During each class we will learn new steps, and we will be working on a combination for the duration of 8 weeks. This class will help teach musicality, rhythm and coordination all in an upbeat and encouraging environment. The children will also work on isolations, center floor work, and jumps just to name a few. All music and movement are age appropriate. They will learn 2 different dances.

PROTOCOLS: No more than 6 kids per class. Everyone is spread out in at least 7x7 foot boxes and everyone has individual equipment to use if the class requires it. No parents will be allowed in the building and pick up and drop off is at the front door. Each child’s hand will be sanitized upon arrival. Masks, Daily Health Questionnaires, and Temperature Checks are required.

WHERE: Just Dance Academy, 48 Route 46, Pine Brook (Next to Post Office)

WHEN: Mondays: October 5, 19, 26, November 2, 9, 16, 23 & 30 (No: 10/12) from 5:00pm to 5:45pm.

WEAR: Comfortable Clothing & Sneakers.

INSTRUCTOR: Just Dance Academy Staff—www.justdanceacademynj.com

COST: $119.00 per child for the 8 (eight) week program.
NOTE: There will be a $20.00 processing fee for program refunds PRIOR to program start!

PAYABLE TO: Montville Recreation (located at 195 Change Bridge Road in Montville)

REGISTRATION PROCEDURES:
1. On-Line from Home (Echeck w/ 1% Fee OR Credit Card w/ 3% Fee)
OR 2. Payment Drop Box in Municipal Building’s Parking Lot (Check Only….must have family page set up on Community Pass)

For On-Line Registration !!! Go to the town’s website at: http://www.montvillenj.org/RecRegistration
To Download Registration Forms go to: http://www.montvillenj.org/RecFlyers

QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit our Website: www.montvillenj.org

LIKE us on FACEBOOK at: https://www.facebook.com/Montvillerec/

HIP HOP DANCE CLASSES - Fall 2020

**NOTE: You can register directly from home! No need to fill out paperwork!

Participant Name ___________________________ Age _____ D/O/B _______ Grade _____ School ________

Address ___________________________________ Town __________ Home Phone __________

Primary Contact Name/Relation/Cell Phone # ______________________________________________________

Secondary Contact Name/Relation/Cell Phone # ______________________________________________________

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) ______________________________________

Emergency Name & Phone # (IF the above cannot be reached) ___________________________________________

Please list any special needs that you or your child may have that will assist us in providing a successful experience:

__________________________________________________________________________________________
__________________________________________________________________________________________

I understand that the Recreation Department DOES NOT provide accident insurance.
My child has my permission to participate in this class.

Parent/Guardian Signature ___________________________ Date ________

FOR OFFICE USE (8/11/20): Fee Paid _____ Cash Check Date _____ Received By _______ PROGRAM # 852
Waiver of Liability Relating to Coronavirus/COVID-19 for Participant (Minor)

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. It is reported to be extremely contagious, with no known treatments, cure or vaccine. COVID-19 is believed to spread mainly from person-to-person contact, however the exact methods of spread and contractions are still unknown. People reportedly can be infected and show no symptoms and therefore spread the disease. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

Montville Township Recreation has put in place preventative measures that abide by the New Jersey State Department of Health Guidelines to reduce the spread of COVID-19; however Montville Township Recreation cannot prevent you or your child from becoming exposed to, contracting, or spreading COVID-19 while participating in recreation sponsored programs or events. It is not possible to prevent against the presence of the disease. Therefore, if you or your child choose to participate in any programs or events you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my child in order to participate in a recreation sponsored program or event. These services are of such value to me and my child that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in programs or events sponsored by the Montville Township Recreation Department.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the Township of Montville, its departments, agencies, boards, commissions, officers, officials, agents, servants, administrators, and employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to (as a result of participating in a recreation sponsored program/event). I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW:
I understand and agree that the law of the State of New Jersey will apply to this contract.

I acknowledge that a temperature check and health questionnaire for every participant will be required every day of participation. I am prepared to confirm that myself nor my child nor anyone in the family (household) has any knowledge of testing positive for COVID-19 in the last 14 days, being in contact with someone who has tested positive for COVID-19 in the last 14 days and that myself nor my child nor anyone in my household is presenting any of the following symptoms of COVID-19 listed here: Fever, Shortness of Breath, Loss of Sense of Taste or Smell, Dry Cough, Runny Nose, Sore Throat, or Rash.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

I am the parent or legal guardian of ____________________________, minor under the age of 18.
I have the legal right to consent to and by signing below, I hereby do consent to the terms and conditions of this Release.

Parent/Guardian Signature: _________________________________ Date: __________________

Parent/Guardian Name (printed): ___________________________
Daily Health Questionnaire

Parents/Caregivers must complete and submit this Program COVID-19 Health Questionnaire each day to attend class.

Participants without a COVID-19 Health Questionnaire will NOT be allowed to participate. No Exceptions will be made!

Participant’s First Name _______________________________ Participant’s Last Name _______________________________

Program Name: HIP HOP CLASSES _______________________________ Date: _______________________________

Does your child live in the same household or have close contact with someone who in the last 14 days has been in isolation for COVID-19 or had a test for COVID-19? Circle: Yes  No

Has your child or anyone in the family (household) been in contact with someone who has tested positive for COVID-19 in the last 14 days? Circle: Yes  No

Has your child or anyone in the family (household) visited any states listed under the Governors 14-day quarantine travel advisory in the past 14 days? Circle: Yes  No

Has your child exhibited any of the following symptoms today (or within the last 24 hour) which cannot be better explained by another condition (Circle Below)?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty Breathing</td>
<td></td>
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<tr>
<td>Chills</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Unusually Weak/Fatigued</td>
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<td></td>
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<tr>
<td>Repeated Shaking/Shivering</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Loss of Taste or Smell</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Rash appearing anywhere on the body</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Cough</td>
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<td></td>
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<tr>
<td>Muscle Aches or Pain</td>
<td></td>
<td></td>
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<tr>
<td>Sore Throat</td>
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<tr>
<td>Runny/Congested Nose</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Shortness of Breath</td>
<td></td>
<td></td>
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<tr>
<td>Diarrhea</td>
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</table>

Please provide additional information below if symptoms present are better explained by another condition (e.g. exercise induced muscle soreness, diagnosed seasonal allergies):

If the child is experiencing any of the above symptoms prior to attending, without an explanation not related to possible COVID-19, the child is required to STAY HOME until symptom free.

I certify to the best of my knowledge; this information is accurate.

Parent/Caregiver Full Name Printed _______________________________ Date __________________

Parent/Caregiver Signature _______________________________

For Official Use Only:

Child’s temperature prior to attending program: ______________________