

For office use only
Total Paid _____
Pymt Details _____



DANCE STUDIO · TONAWANDA

2018 SUMMER DANCE REGISTRATION FORM

STUDENT'S NAME \_\_\_\_\_ AGE JUNE 1<sup>ST</sup> \_\_\_\_\_

ADDRESS \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME # \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ CELL # \_\_\_\_\_

PREFERRED E-MAIL \_\_\_\_\_ Do you prefer to be reached by EMAIL or PHONE? (circle)

PLEASE INDICATE WHICH SUMMER CLASS(ES) YOU REGISTERING FOR:

CHECK BELOW

"DANCE WITH ME" SUMMER SESSIONS (for ages 18 mths - 3 yrs & one adult)

Mondays, June 11<sup>th</sup> – July 16<sup>th</sup> from 5:30 p.m. to 6 p.m. \_\_\_\_\_

Thursdays, July 26<sup>th</sup> – August 23<sup>rd</sup> from 5:30 p.m. to 6 p.m. \_\_\_\_\_

SESSION 1 – Monday, June 11<sup>th</sup> – Thursday, July 19<sup>th</sup> \*We will be closed the week of July 2<sup>nd</sup>\*

TAP/BALLET COMBO - Ages 2 to 3 Thursdays, 4:45 to 5:30 p.m. \_\_\_\_\_

TAP/BALLET COMBO - Ages 3 to 4 Mondays, 6 to 6:45 p.m. \_\_\_\_\_

JAZZ - Ages 6 to 8 Mondays, 6:45 to 7:30 p.m. \_\_\_\_\_

HIP HOP– Ages 4 to 6 Thursdays, 5:30 to 6:15 p.m. \_\_\_\_\_

ACRO– level 1 Tuesdays, 5:30 to 6:30 p.m. \_\_\_\_\_

ACRO– levels 2 & 3 Tuesdays, 6:30 to 7:30 p.m. \_\_\_\_\_

SESSION 2 – Monday, July 23<sup>rd</sup> through Thursday, August 23<sup>rd</sup>

TAP/BALLET COMBO - Ages 2 to 3 Wednesdays, 5:15 to 6 p.m. \_\_\_\_\_

TAP/BALLET COMBO - Ages 3 to 4 Thursdays, 4:45 to 5:30 p.m. \_\_\_\_\_

TAP/JAZZ COMBO - Ages 5 to 6 Wednesdays, 6 to 7 p.m. \_\_\_\_\_

\$50 fee per class per session due with completed registration form. Fee is non-refundable once paid. Class cancellation due to small class size is at the discretion of the instructor.

I/We as Parents/Guardians of \_\_\_\_\_ (name of student) consent to the enrollment and instruction of said student at Modern Movement Dance Studio, Inc. for 2018 summer dance classes. By signing here I acknowledge that I have received the 2018 summer dance classes and consent to the payment set forth. I agree to allow student's photograph to be used for advertising purposes, included but not limited to the studio website and flyers. I understand that the student, in attending Modern Movement Dance Studio, Inc., and using its facilities, does so at their own risk. Modern Movement Dance Studio, Inc. shall not be liable for any damage arising from personal injuries sustained by the student in or about the premises. The student assumes full responsibility for all injuries and damages which may occur in or about the premises and they do hereby fully and forever release and discharge the studio instructors, studio owner, and any other employees from any and all claims, demands, damages, rights of action present or future, resulting from or arising out of the student's use of the studio and/or its facilities. Participation is entirely student's own choice and with the understanding of risk of accidental injury involved in any physical activity and the person hereinafter signing this form on behalf of the student accepts full responsibility for any and all such damage or injury.

LIMITED MEDICAL OR PHYSICAL CONDITIONS: Please state any recommendations from physicians regarding limitations on physical activities due to medical or other physical causes, or other limitations that you wish upon your child's activities ON THE BACK OF THIS FORM. If there are no limitations, please state "none".

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_