



payment and registration form due the 1st class

(Please complete a separate form for each dancer that you are registering)

Summer Recreational Class Registration form 2019

Dancer name			Address:
Parent name			City:
Dancer age		D.O.B.	Postal Code:
Parent contact numbers	Cell:	Home:	Allergies or medical conditions we should be aware of:
	Emergency:		

Mondays: July 8,15, 22, 29 Aug 12,and 19

Class time	Class name	Age range	Cost for session	Please check off the desired classes
5:00-5:45 pm	Tiny Dancers	2.5-4 yrs	\$70	
5:45-6:30 pm	Acro/ Jazz tech	5-7 yrs	\$70	
6:30-7:15 pm	Acro/ Jazz tech	8-10 yrs	\$70	
7:15-8:00 pm	Acro/Jazz tech	11+ years	\$70	
8:00-8:45 pm	Dance Fitness	10+ yrs	\$70	

Parents will be contacted if any classes are not going to run.

Total payment \$ _____

Paid by: cash/cheque

LIABILITY WAIVER:

I, the undersigned understand that Absolute Dance and the instructors thereof are not liable for the personal injuries or loss of, or damage to, personal property. I understand that participating in dance classes involves the possibility of personal injury. I therefore, assume all risks involved in the participation of all dance instruction for the dancer named herein for the summer of 2019. I exempt, release and indemnify – Absolute Dance and the faculty thereof, including assistants, volunteers and Executive Directors from any and all liability claims, demands or causes of action whatsoever from any damage, loss or physical injury to myself or my participating minor child.

Parent Signature: _____ Date: _____

Date received and processed: _____ Executive initials: _____