

PHONE #:

REGISTRATION FORM

	PARENT NAME:	ГІ	ONL #.	•
;	STUDENT NAME:			
J	EMAIL:			_
	DANCER BIRTHDAY:	AGE:		•
	MEDICAL CONDITIONS	OR OTHER THAT WE SHOIULD BE	E AWARE OF:	
	SESSION S	DANCE CLASS (PLEATARTS THURSDAY, FEB. 9 &		30.
PRE-K &KINDER, THURSDAY, 10:25- 10:55 \$70 SESSION				
	1ST-6TH BALLET, THURSDAY, 3:45-4:15 \$70 SESSION			
	1ST-6	1ST-6TH JAZZ/ HIPHOP, THURSDAY, 4:15-4:45 \$70 SESSION		
Initial		0 REGISTRATION FEE / \$70 CHECK OR VENMO @M DUE BY FEB.	ICDANCETX	
	•	EIS A \$20 NON-REFUNDABLE REGIS	TRATION FEE DUE AT REGISTRAT	ION. ONE TIME FEE FOR
	I UNDERSTAND THAT THER	IS A \$70 NON-REFUNDABLE SESSION	ON FEE DUE THE FIRST DAY OF C	CLASS STARTING, FEB 6
		Y, FEB. 9 & CONCLUDES ON MARCI NO MAKE-UP CLASSES IF CHILD MIS		ON SUMMIT SCHOOL
	II UNDERSTAND THAT ALL	CLASSES ARE HELD AT A LOCATION A	AT <u>SUMMIT CHRISTIAN ACADEMY</u>	<u>. </u>
	DANCE FROM ANY AND IN ANY WAY CONNECTED I HEREBY AGREE THAT PERSONALLY RESPONSIBED DANCE CLASS, CAMPO	RISKS INCIDENTAL TO MY CHILD (S ALL LIABILITIES, CLAIMS, ACTIONS, E WITH MY PARTICIPATION IN ALL ACT MC DANCE, ITS OWNERS, OFFIC E OR LIABLE FOR ANY INJURIES OR DR ACTIVITY ON MC DANCE PRI JME ANY AND ALL RISK ASSOCIATE	DAMAGES, COSTS, AND/OR EXP TIVITIES CONDUCTED BY MC DAI CERS, AND INSTRUCTORS ARE DAMAGE RESULTING FROM MY EMISES OR WITH MC DANCE	PENSES ARISING FROM OF NCE. NOT IN ANY CAPACITY PARTICIPATION IN ANY MO

