

# Dance Avenue Summer Dance Program Registration

## Monday, July 11 - Thursday, July 28, 2022

<b>TINY TOTS</b> ages 18months - 3yrs w/Adult <b>\$40.00</b>	<b>MINI – ages 3 &amp; 4</b> (2-classes weekly) <b>\$70.00</b>	<b>PETITE – ages 5 &amp; 6</b> (4-classes weekly) <b>\$110.00</b>
<b>JUNIOR – ages 7 &amp; 8</b> (5-classes weekly) <b>\$130.00</b>	<b>PRE-TEEN – ages 9 &amp; up</b> (6-classes weekly) <b>\$150.00</b>	<b>TEEN / SENIOR – Int / Adv</b> (7-classes weekly) <b>\$170.00</b>
<b>FULL PROGRAM – Single Class</b> (1-class weekly – Any Level) <b>\$40.00</b>	<b>DROP-IN – One Class</b> <b>\$15.00</b>	<b>FAMILY DISCOUNT</b> (Immediate Family Members Only)  <b>2 children = 10% Off</b> <b>3+ children = 20% Off</b>

DANCER NAME \_\_\_\_\_ AGE \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DANCER GENDER (circle) **MALE** **FEMALE**

PARENT(S) NAME \_\_\_\_\_

- ♦ New families, please fill out the form completely.
- ♦ Returning families, if your info hasn't changed, only fill the above info.
- ♦ Parent must initial the Disclaimer and Sign & Date.

ADDRESS \_\_\_\_\_ Mom's Cell \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ Dad's Cell \_\_\_\_\_

EMAIL \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_

Emergency Contact Relation to Dancer \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Dancer Medical Conditions: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**My initials and signature below verify that I agree to the following:**

\_\_\_\_\_ I acknowledge and understand that when participating as a member of Dance Avenue Inc. there is a possibility I may sustain physical illness or injury in connection with participation. I release Dance Avenue Inc. from any claim for personal injury or illness that I may sustain while participating or performing with Dance Avenue Inc.

\_\_\_\_\_ I understand that the Dance Avenue Summer Dance Program is non-refundable and non-transferable; fees cannot and will not be transferred to the Fall Dance Avenue School Season, nor will they be refunded due to absences.

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Office** - - - - -

Program Level \_\_\_\_\_ # Weeks \_\_\_\_\_

Payment Amount Owed \_\_\_\_\_

Date Paid \_\_\_\_\_

Credit / Cash / Check # \_\_\_\_\_

