



2020 Summer Classes
July 6 - July 30

Pricing for Four Weeks Per Class:
45min Class : \$56.00 1Hr Class : \$75.00

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
	11:00-11:45am Yoga		
	12:00-12:45pm Creative Movement 2.5-4yrs		
1:00-2:00pm Ballet/Jazz Combo 5yrs +	2:00-3:00pm Contemporary/Modern Int/Adv	2:00-2:45pm Tap Int/Adv	1:00-1:45pm Yoga
2:15-3:15pm Ballet Variations Int/Adv	3:15-4:00pm Stretch & Strength ALL LEVELS	3:00-3:45pm Tap Beg/Int	2:00-2:45pm Hip Hop ALL LEVEL
3:30-4:30pm Ballet Variations Beg/Int	4:15-5:30pm Contemporary/Modern Beg/Int	4:00-5:00pm Jazz Beg/Int	3:00-4:00pm Tricks & Turns Int/Adv
4:45-5:45pm Tricks & Turns Beg/Int		5:15-6:15pm Jazz Int/Adv	

Registration Form

Student Name: _____ **Birthday:** _____

Parents Name: _____

Address : _____

Email: _____ **Phone:** _____

Class : _____ **Class :** _____

Class : _____ **Class :** _____

Class : _____ **Class :** _____

Total Due \$ _____ **Payment Method:** Cash ___ Check # ___ Visa ___ MC ___ Disc ___

Card # _____ **Ex Date** _____ **v#** _____

R&B Dance Center Waiver and Release :

We must receive this form signed, to qualify for eligibility in this program. Please read this form carefully and be aware in registering your child(ren) or ward(s) for participation in this program, you will be waiving and releasing all claims for injuries, you or your minor child(ren) / ward(s) might sustain, arising from the program(s) (including transportation services, when provided). You will be waiving all claims for images in photography and filming used for any and all publicity. As a parent/guardian of a participant(s) in the program(s), I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child(ren) / ward(s) may have as a result of participating in the program(s) against R & B DANCE CENTER and its officers, agents, employees and volunteers. Further, the undersigned hereby releases and discharges R & B DANCE CENTER and its officers, agents, employees and volunteers for any claims for any injuries, including death, damages or loss, that I or my minor child(ren)/ward(s) may incur as a result of any food allergy I or my minor child(ren)/ward(s) may have and any reaction and/or injury related thereto. I DO HEREBY FULLY RELEASE AND DISCHARGE THE R & B DANCE CENTER, its officers, agents, employees and volunteers from any and all claims from injuries, including death, damages or loss which I or my minor child(ren) / ward(s) may sustain or which may accrue to me or my child(ren) / ward(s) on account of participation in the program(s) (including transportation services, when provided). I have read and fully understand the above WAIVER AND RELEASE OF ALL CLAIMS.

Parent Name _____ **Student:** _____

Signature _____ **Date :** _____