



Spring 2020 8-Week Workshop

April 13th - June 5th Fee: \$180



Register
now!

FREE
TRIAL
CLASS

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
10:30am-11:20am Adult Zumba Gold	9:30am - 10:15am Preschool Ages 3-4 Creative Movement Pre-Ballet	9:50am - 10:35am 12-18 mo. Parent & Me Music, Sing & Dance	Reserve and schedule your spot for private lesson, semi-private lesson or virtual party with your friends!
11:30am-12:20pm Adult/Seniors Chair Zumba	4:30pm - 5:20pm K-1 Hip Hop	10:45am - 11:30am Preschool Ages 2-3 Creative Movement Pre-Ballet	3:30pm-4:30pm Pre-Teen / Teen Hip Hop / Jazz
3:45pm-4:35pm Grades 2-5 Zumba	5:25pm - 6:25pm Preteen / Teen Jazz/Hip Hop/B'way	4:30pm-5:20pm K-1 Ballet I / Tap Combo	4:45pm-5:35pm K-1 Ballet I & Creative Movement
4:40pm -5:30pm K-1 Tap & Jazz	6:30pm - 7:30pm Pre-Teen / Teen Modern	5:25pm-6:15pm Pre-Teen / Teen Ballet II & III	5:40pm - 6:40pm Adult Jazz
5:35pm-6:25pm Adult Dance Fitness (Combines Zumba Gold, with inspiration from Yoga & Pilates)	Classes will be held virtually via Zoom until our studio use is permitted. Invite a long distance friend to join you!	FREE TRIAL CLASS for new students or existing students wishing to try a new dance style.	6:35pm-7:25pm Adult Dance Fitness (Combines Zumba Gold, with inspiration from Yoga & Pilates)



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(914) 714-2131 danceworks2000@aol.com





**Spring 2020 8-Week Workshop
Registration Form
\$180**

**(A 10% family discount will be applied for multiple classes)
Check Payable to Dance Works or Venmo @Wendy-WoodBarletta**

Student's Name: _____ Date of Birth: _____ Age: _____ Grade: _____

Home Street Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Cell Phone: _____ E-mail _____

Father's Name: _____ Cell Phone: _____ E-Mail _____

Authorized Pick Up Contact Name: _____ Cell Phone: _____ Relationship: _____

Emergency Contact Name: _____ Cell Phone: _____ Relationship: _____

Physician's Name: _____ Physician's Number: _____

Class #1 Day _____ Time _____ Description _____

Class #2 Day _____ Time _____ Description _____

Class #2 Day _____ Time _____ Description _____

Were you referred by an existing student? If yes, please provide name: _____

****Please list any health-related problems, allergies, medications or any other special considerations on this form ****

Policies: If student is injured, she/he should come to class to observe/learn. If student misses class due to fever/illness, he/she may take a make-up class. Schedules may change due to weather or other emergencies. Non-refundable payment must be made in full at registration and form completed, signed and dated.

Waiver of Liability: I understand that injuries are inherent with any physical activity. In the event that an injury occurs to my child or to a family member, I agree not to hold Dance Works, the class instructor or the Harrison Recreation Department liable for any and all claims for bodily injury and property damage arising from participation in any Dance Works classes and activities. Dance Works, the class instructor or the Harrison Recreation Department will not be held responsible for any health problems or for any accident resulting from failure to inform Director and instructor(s) of any conditions affecting student's health, either on this application or during class.

Authorization of Treatment: I consent to the participation of my child in Dance Works classes and certify to the best of my knowledge, my child is physically capable of participating in this full day workshop and will not pose any risk to his/her health and safety, or the safety of others. In the event all reasonable efforts are made to contact me and my child's emergency contact is unsuccessful, I give consent to administer any medical treatment deemed necessary for my child by a licensed physician, and the transfer of my child to any medical facility reasonably accessible.

Photo/Video Release: I hereby consent to and authorize the use and reproduction of my child's image in print, video or electronic format taken in class or during the intensive classes, performances and photo shoots without compensation. All images and videos are owned by Dance Works.

I have read, understood and hereby consent to the Policies, Waiver of Liability, Authorization of Treatment and Photo/Video Release above.

Signature (parent/legal guardian for children): _____ **Date:** _____