



Ashley Thomas School of Dance

2019-2020 Registration - Term 2

Dancer's Name: _____ DOB: _____ Age: _____

Parent/Guardian: _____ Phone Number: _____

E-mail: _____ Medical/allergies: _____

Address: _____ City: _____ Postal code: _____

Please check all classes the dancer will be attending:

Monday			
Class	Age	Time	✓
Hip hop 1	5-8	6:00-6:45	
Ballet 3+Pointe	13+	6:00-7:00	
Hip hop 2	9-12	6:45-7:30	
Hip hop 3	13-17	7:30-8:15	
Ballet 2	9-12	7:30-8:15	

Wednesday			
Class	Age	Time	✓
Tap 1-2	5-12	6:00-6:45	
Lyrical/Contemporary 1/2	9-12	6:45-7:30	
Tap 3	13+	6:45-7:30	
Jazz 2/3	9-12	7:30-8:15	
Musical Theatre 1-2	5-12	7:30-8:15	
Musical Theatre 3	13+	8:15-9:00	

Thursday			
Class	Age	Time	✓
Lyrical/Contemporary 3	13+	6:00-6:45	
Acro 2/3	9+	7:15-8:00	

Saturday			
Class	Age	Time	✓
Little Steps	2-4	10:00-10:45	
Acro 1	5-8	10:45-11:30	
Ballet 1	5-8	11:30-12:15	
Jazz 1	5-8	12:15-1:00	
Technique 1	9-12	1:00-1:45	
Technique 2	13+	1:00-1:45	
Jumps & Turns 1	9-12	1:45-2:30	
Jumps & Turns 2	13+	1:45-2:30	

This schedule is subject to change and is contingent on enrollment.

All classes must have a minimum of 3 students to run.



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Student Waiver

Students are not permitted to participate in any class without the submission of this form.

DESCRIPTION OF RISKS

I am aware that there are physical risks and hazards inherent in dance including acrobatic based courses and in my participation within these activities at Ashley Thomas School of Dance. This includes any use of equipment such as the floor mats crash pads.

The risks and hazards of dance include, but are not limited to: Injuries from executing strenuous and demanding physical techniques; Injuries from collisions with the wall and any apparatus or falls to the floor or mats; Injuries from physical contact with other participants (including spotters whose role is to enhance my safety and learning).

Furthermore, I am aware:

That injuries sustained in the dance studio can be severe and even fatal; That rules of the studio are designed to enhance the safety of myself and others and are to be followed at all times; That my risk of injury increases as I become fatigued.

RELEASE

I agree to be solely responsible for any injury, loss or damage I might sustain while participating in activities and while using equipment at Ashley Thomas School of Dance. I agree to release the studio and their respective directors, officers, instructors, coaches, students, volunteers, and members for all responsibility for such injury, loss or damage.

ACKNOWLEDGEMENT

I acknowledge that I have read this agreement and that I fully understand, appreciate and accept the physical risks associated with my participation within the studio and my use of equipment at Ashley Thomas School of Dance.

I hereby give my approval for participation in workshops, classes, competitions, examinations and any performances that may be included within current and further sessions I will register for. I also recognize that any/all video and still photographs taken by or for Ashley Thomas School of Dance will become the property of the school. ATSD reserves the right to publish, upload and edit pictures and/or videos of students, and no claims shall be made against the school or the photographer for their use.

By signing, I agree to the terms and conditions

PARENT NAME (PRINT)

PARENT SIGNATURE

DATE

STUDENT NAME (PRINT)

STUDENT SIGNATURE

DATE