



ADK Dance Studio

Fall Adult Registration 2018-2019

Name: _____

Address: _____

Email Address: _____ Preferred Phone: _____

Health Concerns (you'd like us to be aware of): _____

Emergency Contact Name & Number: _____

Adult Fee Schedule

Beginning this Fall season, you have the choice of continuing to pay Per Class or via Punch Card. We have 4 different Punch Card options, each with a 10-15% discount. For your convenience, you may keep your punch card in the studio on the NEW bulletin board.

Drop-in Class \$15/Class*	(*Wednesday's Senior Tap Drop-in \$10)
3-Class Punch Card \$41 (10% off \$45)	10-Class Punch Card \$135 (10% off \$150)
5-Class Punch Card \$68 (10% off \$75)	20-Class Punch Card \$255 (15% off \$300)

Please make check payable to: ADK Dance Studio

Fall Classes Begin September 8th

Class Name	Meeting Date(s) / Time
Adult Ballet	Monday, 6:15 – 7:30 pm
Adult Jazz (Level II)	Tuesday, 7:00-8:15 pm, with Cindy
Adult Tap	Tuesday, 8:15-9:15 pm, with Kathy
Adult Jazz (Level III) 6:30-8:00 pm, with Cindy	Thursday, 6:30-7:45 pm, with Cindy

Registration/Recital Fee (\$25): _____ Costume Fee: \$ _____

Measurements

_____ Height _____ Girth _____ Tights Size
 _____ Shoe Size _____ Inseam _____ Leotard Size

Mandatory Liability Waiver Form

I realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I assume all risks related to the use of any and all spaces used by ADK Dance Studio. I agree to release and hold harmless ADK Dance Studio including its teachers, dancers, staff members, and facilities from any cause of action, claims, or demands now and in the future. I will not hold ADK Dance Studio liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I agree to obey the class and facility rules. I understand that ADK Dance Studio is an insured organization. In the event that I should observe any unsafe conduct or conditions before, during or after my classes, I agree to report the unsafe conduct or conditions to the instructor or staff member as soon as possible.

Signature: _____ Date: _____