



ADK Dance Studio

Six-Week Session-Registration 2018-2019

Name: _____

(If applicable)

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Address: _____

Email Address: _____ Preferred Phone: _____

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

Emergency Contact Name & Number: _____

Fee Schedule

Six Week Course Fee: _____ \$12/class | _____ \$50 Prepaid 6-week | _____ Other Fee Per ADK

Please make check payable to: ADK Dance Studio

Fall Classes Begin September 8th

Class Name	Meeting Date(s) / Time
Move with Me - Baby & Me! (Ages Infant-18 mos.)	Saturday, 9:15-10:00 am, with Amy
Dance with Me – Toddler & Me! (Ages 8 mos-3 yrs.)	Saturday, 10:45-11:30am, with Amy
Adult Beginner Jazz & Movement	Monday, 7:30 – 8:30 pm, with Amy

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: _____