

ADK Dance Studio 2024 SUMMER Registration Form

Name:	
Address:	
Email Address:	Preferred Phone:
Health Concerns (you'd like us to be awa	re of):
Emergency Contact Name & Number:	
It Fee Schedule: You have the choice of	paying Per Class or via Punch Card. We have 3 different
h Card options, each with a discount. For	r your convenience, you may keep your punch card in the
studio on the bull	etin board by the front desk.
Drop-in Class \$15/Class*	10-Class Punch Card \$140
5-Class Punch Card \$70	20-Class Punch Card \$265
Please make chec	k payable to: <u>ADK Dance Studio</u>
8-Week Summer Classes Beg	gin July 1st* (Musical Theater dates TBD)
Class Choices - please list name & day of	
(1)	Class Time:
(2)	Class Time:
(3)	Class Time:
<u>Mandato</u>	ry Liability Waiver Form
lize that participation in dance classes and a	ctivities could involve some possible personal injury. Despite
· · · · · · · · · · · · · · · · · · ·	y signing this release form, I assume all risks related to the use
	I agree to release and hold harmless ADK Dance Studio
	nd facilities from any cause of action, claims, or demands now
in the future. I will not hold ADK Dance Stud	ilo liable for any personal injury of any personal property
age, which may occur on the premises befor	e, during or after classes. Furthermore, I agree to obey the
age, which may occur on the premises befor and facility rules. I understand that ADK Da	· · · · · · · · · · · · · · · · · · ·
	Health Concerns (you'd like us to be awa Emergency Contact Name & Number: It Fee Schedule: You have the choice of the Card options, each with a discount. For studio on the bull Drop-in Class \$15/Class* 5-Class Punch Card \$70 Please make check 8-Week Summer Classes Begon Class Choices - please list name & day of (1) (2) (3) Mandato Mandato