



1580 Route 9  
Clifton Park, NY 12065  
**4 week Dance Workshop - SUMMER 2018**  
**REGISTRATION FORM**

<b>Parents Name/s</b>		<b>Phone #</b>	(C, H, W)
			(C, H, W)
<b>Street Address</b>			The following people are allowed to pick up my child from dance class:  _____  _____  _____
<b>City, State, Zip</b>			
<b>Dancer's Name</b>	1. _____ 2. _____		
	<b>date of birth</b> _____	<b>current age</b> _____	

**I will the per class fee**
**I will pay WEEKLY for a discounted fee**
**I will pay for FULL summer workshop for a discounted fee**

<p><b>I am interested in attending classes weekly and will pay the per class fee</b> initial _____</p> <p>Classes that I am interested in taking are: _____ _____ _____</p> <p><b>Per Class fees are:</b> \$12.00 (30 minute class) \$14.00 (45 minute class) \$16.00 (60 minute class) \$18.00 (75 minute class)</p>	<p style="text-align: center;"><b>I will attend the weeks of:</b> (please circle)</p> <p style="text-align: center;">July 23rd, 24th, 25th July 30th, 31st, Aug. 1st August 6th, 7th, 8th August 13th, 14th, 15th</p> <p style="text-align: center;"><b>For your weekly discounted total please see us in the office or email Miss Jaye</b></p> <p><b>Total of all programs</b> _____</p> <p style="text-align: center;"><b>Amt Pd at registration</b> _____</p> <div style="background-color: #e0e0e0; padding: 5px; text-align: center;"> <b>Office use Only: Chk #</b> _____ <b>Cash</b> _____  <b>Staff Initials</b> _____         </div>	<p style="text-align: center;"><b>I plan on attending all of the summer workshops weeks and understand that there are no refunds should I miss a week or day for any reason.</b></p> <p>I am paying a discounted rate of _____ for full workshop program</p> <p>I am attending the <b>DANCE INTENSIVE</b> Week ____ For the fee of _____</p> <p><b>Total of all programs</b> _____</p> <p style="text-align: center;"><b>Amt Pd at registration</b> _____</p> <div style="background-color: #e0e0e0; padding: 5px; text-align: center;"> <b>Office use Only: Chk #</b> _____ <b>Cash</b> _____  <b>Staff Initials</b> _____         </div>
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PLEASE INITIAL \_\_\_\_\_ **LIABILITY DISCLAIMER:** I agree that if my dependant or I (heretofore know as "we") engage in any physical exercise, class or activity on the premises or any venue where we participate as representatives of Premier Dance Performing Arts Center, we do so at our own risk. I agree that we are voluntarily participating in activities and use of said facilities, premises (including the parking lot) and designated Premier Dance Center venues. We assume all risk of injury, illness, damage, or loss to us or our property that might result, including, without limitation, any loss or theft of any personal property. I agree tht this consent and assumption of risk statement covers each and every event or activity sponsored by Premier Dance Performing Arts Center. I agree to release and discharge you (and your affiliates, employees, agents, representatives, successors and assigns) from any and all claims or cause of action (known or unknown) arising out of your negligence. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. I am waving any right that I may have to bring legal action to assert a claim against you for your negligence. I give my permission for Jaye Cummings, studio owner or a studio parent to take my child to a medical/dental facility, if necessary. In case of emergency, If none of the above can be contacted, I herby give my consent for emergency medical care to be administered by a duly licensed Doctor of Medicine or Doctor of Dentistry. Premier Dance Performing Arts Center will not be responsible for the cost of any medical care or emergency treatments. I hereby waive all claims whatsoever in connection with such medical treatments.

**Signature of Parent/Guradian** (if minor) \_\_\_\_\_ **Date** \_\_\_\_\_

**Primary EMAIL** \_\_\_\_\_

**Secondary EMAIL** \_\_\_\_\_