

SUMMER CLASS
REGISTRATION FORM

PLEASE CHECK OFF WHICHEVER CLASS(ES) YOU ARE INTERESTED IN, PLEASE REFER TO SCHEDULE FOR MORE INFO

TUESDAY (ROOM 1)

- O TEDDY BEAR HIP HOP 4:30-5:15 **\$45.00**
- O COMBO (LEVEL 4) 5:15-6:45 **\$60.00**
- O JAZZ FUNK 6:45-7:30 **\$45.00**
- O LYRICAL (LEVEL 2) 7:30-8:30 **\$50.00**

THURSDAY (ROOM 1)

- O HIP HOP 4:30-5:15 **\$45.00**
- O COMBO (LEVEL 3) 5:15-6:45 **\$60.00**
- O LYRICAL (LEVEL 1) 6:45-7:45 **\$50.00**
- O FLEXIBILITY,STRENGTHENING,TURNS AND LEAPS 7:45-8:30 **\$45.00**

TUESDAY (ROOM 2)

- O ACRO 4:45-5:30 **\$45.00**
- O GYMNASTICS 5:30-6:15 **\$45.00**
- O ADULT TAP/ HIP HOP 6:15-7:15 **\$50.00**

THURSDAY (ROOM 2)

- O COMBO (LEVEL 1) 4:30-5:30 **\$50.00**
- O COMBO (LEVEL 2) 5:30-6:30 **\$50.00**
- O COMPETITION TAP 6:30-7:30 **\$50.00**

MAIL COMPLETED FORM AND CHECK MADE OUT TO SUE ALBERT'S SCHOOL OF DANCE TO: P.O. BOX 91, CATASAUQUA, PA 18032

STUDENT NAME _____ PARENT / GUARDIAN _____

CURRENT AGE _____ BIRTH DATE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY PHONE _____ E-MAIL ADDRESS _____

PLEASE LIST ANY FOOD ALLERGIES AND MEDICAL
CONDITIONS _____

DANCE EXPERIENCE YES / NO _____ NUMBER OF YEARS EXPERIENCE _____

LIABILITY WAIVER: By signing below, I, as guardian or participant, hereby waive and release all claims, liabilities, actions, damages, costs or expenses of any nature whatsoever for injuries the participant might sustain, known or unknown, arising out of the program now or at all times in the future. I recognize and acknowledge there is risk associated with participating in the activities associated with dance instruction and I agree to assume total risk of any such activities connected with Sue Albert's School of Dance workshops both on the premises and off site. I agree to indemnify and hold harmless Sue Albert's School of Dance, the owner/operator of the facility being used for the workshops and any instructors or employees associated with this workshop, from and against any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever arising out of or in any way related, directly or indirectly, to dance instruction and related activities.

Parent/ Guardian Authorizing Signature

OFFICE USE:

DATE RECEIVED _____

CHECK NO. _____

CASH _____

