

SUMMER 2010

Fridays 5:00pm - 6:30pm, Int./Adv. Jazz: \$87.50 for 7 week session

Sundays 11am - 12:30pm, Int./Adv. Jazz: \$87.50 for 7 week session

June

11th & 13th (Week 1)

18th & 20th (Week 2 No class Sunday, Happy Father's Day.)

25th & 27th (Week 3)

July

2nd & 4th (No Classes, Happy 4th of July Week)

9th & 11th (Week 4)

16th & 18th (Week 5)

23rd & 25th (Week 6)

30th & August 1st (Week 7)

September

10th & 12th

(Week 1 of Fall Friday/Sunday Semester. WELCOME BACK!)

**DANCEALLIANCE SUMMER REGISTRATION
SUMMER 2010**

Studio located at 811 West Michigan Avenue, Saline

Name: _____ Birthdate: _____ Age: _____

Address: _____ City: _____ ZipCode: _____

Telephone: _____ (H) _____ (W)

_____ (cell)

Email: _____

Summer Dance Class(es) desired:

Please return this form and your check to the studio or mail to:

Dance Alliance

P.O. Box 1628

Brighton, MI 48116 (Phone: 734.429.9599 Studio)

STATEMENT OF INFORMED CONSENT AND RELEASE OF CLAIMS

I am the parent or guardian of _____, who has been enrolled in a program of dance instruction at Dance Alliance, L.L.C. I acknowledge that I am fully aware of the hazards and physical stresses associated with dance and I am not aware of any medical or mental condition which would prohibit my child from safely participating in this activity. I will inform my instructor or Dance Alliance, L.L.C. of any physical or mental condition which my child may incur during the period of enrollment in the course activity which may interfere with his or her participation in the course activity.

In further recognition of the risks of injury and illness inherent in any dance program, I hereby waive and release Dance Alliance, L.L.C., its owners, employees and agents, on behalf of my child and myself, from and against any and all claims, costs, liabilities, expense or judgements arising out of my child's participating in Dance Alliance's programs for any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless Dance Alliance, L.L.C., its owners, employees and agents from and against any and all claims, except for illness or injury directly resulting from gross negligence or willful misconduct on the part of Dance Alliance, L.L.C., its owners, employees or agents.

Date _____ Parent Signature _____

TUITION: 7 Week Session

1-90 Minute Class(Friday or Sunday only)-\$87.50/Session

2-90 Minute Classes(Friday and Sunday)-\$175.00/Session

Single Class Fee/Walk-In-\$15.00/Class