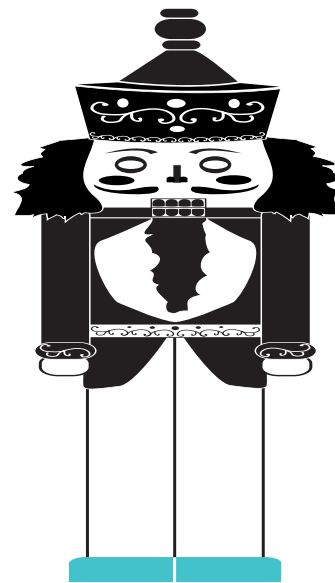


# Dance Alliance Summer 2010

## Nutcracker Ballet

&

## Jazz Workshops



### DANCE ALLIANCE SUMMER 2010 WORKSHOP REGISTRATION FORM

I am enrolling in the following workshop(s).

#### SUMMER NUTCRACKER BALLET & JAZZ WORKSHOP

(Lisa and Adam Clark) Monday through Thursday June 7-10, 2010 **4:00pm-6:30pm** & June 14-17, 2010 **4:00pm-6:30pm**. Ages 7-18. **Please note the later/evening time for these weeks.** These workshops will focus on strengthening ballet and jazz technique along with learning numerous Nutcracker variations in preparation for the December 2010 Annual Nutcracker. Auditions for the Nutcracker are Wednesday, August 25, 2010. Please bring ballet, jazz, & pointe (if pointe student) shoes to first day of class.

- \_\_\_\_\_ Full 2 week workshop. June 7-10 & June 14-17 **\$250**
- \_\_\_\_\_ June 7-10 **\$150**
- \_\_\_\_\_ June 14-17 **\$150**
- \_\_\_\_\_ Daily **\$ 40 per day. Please list days.**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Grade in Fall 2010 \_\_\_\_\_

Email: \_\_\_\_\_

Please send this form and full payment by **June 6, 2010 for Nutcracker Workshops** to secure your placement to:

**Dance Alliance**

**P.O. Box 1628**

**Brighton, MI 48116 (Studio Phone: 734.429.9599 • Studio Email: studio@dancealliancesaline.com)**

#### 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 \_\_\_\_\_

Payment Enclosed: Check # \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

Print Name (as it appears on card) \_\_\_\_\_