



SUMMER 2010
DANCE WORKSHOP REGISTRATION

Name: _____

Address: _____

Home Phone: _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Classes offered daily in ballet and jazz for intermediate to advanced dancers. **Classes will be held from 12:30p.m. to 3:00p.m. at Dance Alliance in Saline. Classes are \$40.00 per day, \$150.00 per week or \$250.00 for the entire two week session.** Please check the following day(s)/weeks for which you would like to register. Please make checks payable to Jazz Dance Theatre. A \$25.00 fee will be due on all checks returned unpaid. Please keep in mind that space is limited and that enrollment is on a "first-come, first-serve" basis. Please give your registration to Adam or Lisa at Dance Alliance, or mail to Jazz Dance Theatre at the address below.

_____ Week #1 - June 21, 22, 23 & 24 (Mon.-Thurs.)

_____ Week #2 - June 28, 29, 30 & July 1 (Mon.-Thurs.)

Dancer recognizes the risks of illness and injury inherent in any dance program and agrees to participate upon the express agreement and understanding that **Dancer** waives and releases **Dance Alliance, L.L.C.** and **Jazz Dance Theatre**, its directors, faculty, and agents from and against any and all claims, costs, liabilities, expense of judgements, including attorney's fees and court costs arising out of **Dancer's** participation in any of **Dance Alliance's** or **Jazz Dance Theatre's** programs or any illness resulting therefrom, and hereby agrees to indemnify and hold harmless **Dance Alliance** and **Jazz Dance Theatre**, their directors, faculty, and agents from and against any and all claims, except for illness and injury directly resulting from gross negligence or wilful misconduct on the part of **Dance Alliance** or **Jazz Dance Theatre**, their directors, faculty, and agents.

Guardian Signature: _____ Date: _____

Mailing Address: 2696 Hubert Road Brighton, Michigan 48114 810.227.3069