

# SUMMER DANCE FUN - 2020

.....at Becky's School of Dance!



- **THE COST IS \$32 PER STUDENT, FOR THE 4 DAY SESSION**
- **REGISTER YOUR DANCER AT OUR FRONT DESK, OR BY MAIL**
- **REGISTER EARLY AS CLASS SPACE IS LIMITED**
- **CHOOSE THE CLASS YOU WOULD LIKE** (CLASS TIMES ARE LISTED BELOW)
- **THEN, PICK THE WEEK/SESSION YOU WOULD LIKE TO ATTEND**
- ❖ **PAYMENT IS NON-REFUNDABLE & DUE UPON REGISTRATION**

## Session 1: August 3-6

The following classes run Monday through Thursday (4 days) & are 30 minutes in length.

5:30 – 6:00 p.m. Tap, Ballet & Tumbling for Beginner 3 and 4 year olds

6:00– 6:30 p.m. Tap, Ballet & Tumbling for Beginner 5 and 6 year olds

6:30 – 7:00 p.m. Tap, Jazz, Hip Hop and Lyrical/Ballet Trial Combo. for ages 7-13 years

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## Session 2: August 10-13

The following classes run Monday through Thursday (4 days) & are 30 minutes in length.

5:30 – 6:00 p.m. Tap, Ballet & Tumbling for Beginner 3 and 4 year olds

6:00 – 6:30 p.m. Tap, Ballet & Tumbling for Beginner 5 and 6 year olds

6:30 – 7:00 p.m. Tap & Jazz, Hip Hop and Lyrical/Ballet Trial Combo. for ages 7-13 years

*\*FOR THE FALL SESSION, STUDENTS AGES 7 & UP CHOOSE FROM LYRICAL, MUSICAL THEATRE, TAP/JAZZ OR HIP HOP CLASSES*

*\*\*PLEASE MARK YOUR CALENDAR AS TO THE DATES/TIME OF YOUR CLASS – **YOU WILL ONLY BE NOTIFIED IF CLASS IS ALREADY FULL.** ....WE DO NOT SEND REMINDERS*

*\*\*\*FOR SUMMER CLASSES, DANCERS MAY WEAR **TENNIS SHOES OR AN OLD PAIR OF SOCKS** AND COMFORTABLE CLOTHING*

STUDENTS NAME \_\_\_\_\_ BIRTH YEAR \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

CLASS TIME \_\_\_\_\_

SESSION DESIRED:     **SESSION 1 (8/3-8/6)**                     SESSION 2 (8/10-8/13)                     (CIRCLE ONE)

\*\*\*PLEASE MAIL THE BOTTOM OF THIS FORM WITH PAYMENT TO: BECKY'S SCHOOL OF DANCE  
15440 U.S. 224 EAST  
FINDLAY, OHIO 45840  
(419) 423-7423

**SUMMER DANCE SESSION**

DANCER 1 NAME:

List and Physical/Mental Condition that we should be aware of:

DANCER 2 NAME:

List and Physical/Mental Condition that we should be aware of:

DANCER 3 NAME:

List and Physical/Mental Condition that we should be aware of:

**Participation Agreement & Release of Liability and Medical Authorization**

1. The undersigned student or parent/guardian hereby consents to myself or child(ren)'s participation in the classes, programs, rehearsals, and performances ("Activities") at Becky's School of Dance, Inc. or contracted theatre space. In consideration of my child(ren)'s participation in such Activities, in addition to the payment of any fee, I do hereby waive, release, and forever discharge Becky's School of Dance, Inc. and it's officers, agents, employees, instructors, and all others ("Releasees") that are a part of Becky's School of Dance, Inc. from any/all responsibilities or liability for injury or damages resulting from my child(ren)'s participation in any Activities. I do also release all of the Releasees from any responsibility or liability for any injury or damage to myself and my child(ren), arising out of or connected with me or my child(ren)'s participation in any Activities with Becky's School of Dance, Inc.
2. Furthermore, I agree to indemnify the Releasees and each of them from any loss, claim, damage, suit, costs, or expenses, including attorney's fees and court costs, resulting from or arising out of any injury to any person or damage to any property, caused by the participation of Releasor or Releasor's child(ren) in any Activities at Becky's School of Dance, Inc.
3. I further acknowledge that training and performing dance is a potentially hazardous activity. I also understand that such Activities involve risk of injury and even death and that I am voluntarily participating or voluntarily enrolling (or have enrolled) my child(ren) in these Activities with knowledge of the dangers involved. I hereby agree to expressly assume and accept full responsibility for the risks of bodily injury or death while Releasor or Releasor's child(ren) participates in any Activities with Becky's School of Dance, Inc.
4. I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. I further authorize Becky's School of Dance, Inc. and it's employees to seek medical attention for myself or my child(ren), if in the judgment of the staff members it should be necessary. In the event my child(ren) should require medical attention and/or treatment during the course of any Activities and after a reasonable attempt I cannot be contacted for the purpose of consenting to such treatment in a timely manner, I hereby give permission to any hospital, physician, and/or appropriate health care provider selected by the staff members to undertake any form of medical treatment considered necessary or appropriate by such provider in such event.
6. I permit to Becky's School of Dance, Inc. to use my dancer(s) photograph for use in advertising or for on Facebook and understand that our classrooms may/may not be video taped with audio for use only by our studio.
7. If your child needs medicine(i.e. inhaler, epi pen, etc.) you are responsible to have this medicine on hand at all times when your dancer is in our care (this includes the dance studio, performance venue's, and any other place we travel to dance).  
The person that signs this release is responsible for full payment on this account and is the only one that can dis-enroll any/all dancer(s) on this account.

Date

Signature (student if over 18 years old or Parent/Guardian)