



**SUMMER 2020 Ages 12 and up
REGISTRATION and WAIVER FORM**

All payments are non-refundable unless class is cancelled. Enrollment is on a first come first served basis and is subject to sufficient enrollment. Please fill out the registration and waiver form and mail or hand in to the office with your payment in full.

Student name: _____ Age: _____ Date of Birth: _____
E-mail address (please print) _____
Parent name: _____ Parent phone #: _____
Address: _____

Please circle the session(s)/workshops you are registering for.

Week Long Classes

The Mini Movement Project (\$275) July 27th -July 31st

4 Week Sessions (start week of May 13) \$90

Intermediate Ballet Tuesdays 5:30PM – 6:30PM

Pointe 101 Tuesdays 6:30 – 7:15PM

Summer Hip Hop W/ Michelle Tuesdays 6:45 – 7:45PM

Adv/Int – Company Contemporary Jazz 7:45 – 8:45PM

Musical Theatre Jazz Wednesdays 4:00 – 5:00PM

Creating Small Group/Solo Choreography Wednesdays 5:00 – 6:00PM

Adv/Int – Company Ballet Wednesdays 6:00 – 7:00PM

Adv/Int – Company Pointe Wednesdays 7:00 – 7:50PM

Adv/Int – Company Tap 7:00 – 8:00PM

Finding Strength and Centering the Body Wednesdays 8:00 – 9:00PM

Beg-Intermediate Modern Improvisation and Inversions Thursdays 6:00 – 7:00PM

Adv/Int – Company Modern Improvisation and Inversions Thursdays 7:00 – 8:00PM

I certify that my child _____ is in sufficient physical condition to participate without injury. I further recognize the risk of illness or injury inherent in any dance program, and I waive and release Annemarie's Dance Centre from any claims, costs, liabilities, expenses or judgments arising from my child's participation, except for illness or injury resulting from gross negligence or willful misconduct on the part of Annemarie's Dance Centre. I hereby execute and deliver this waiver to permit my child to participate in Annemarie's Dance Centre summer session(s).

Parent/Guardian Signature: _____ Date: _____

Emergency contact during class time: _____

Primary phone: _____ Alternate phone: _____

Other pertinent information (medications, food allergies, etc.) _____
