
SUMMER 2019

Fridays 5:00pm - 6:30pm, Int./Adv. Jazz: \$150.00 for 10 week session

May(remaining Winter Term)

10th (Week 15)

17th (Week 16)

31st (Week 1...New Summer Session)

June

7th (Week 2)

14th (Week 3)

21st (Week 4)

28th (Week 5)

July

5th (NO CLASS...HAPPY 4TH OF JULY)

12th (Week 6)

19th (Week 7)

26th (Week 8)

August

2nd (Week 9)

9th (NO CLASS...SALINE SUMMER FEST)

16th (Week 10)

September

6th

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

**DANCEALLIANCE SUMMER REGISTRATION
SUMMER 2019**

Studio located at 811 West Michigan Avenue, Saline

Name: _____ **Birthdate:** _____ **Age:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Telephone: _____ **(H)** _____ **(W)** _____

_____ **(cell)**

Email: _____

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: 10 Week Session

1-90 Minute Class(Friday only)-\$150.00/Session

Single Class Fee/Walk-In-\$20.00/Class
