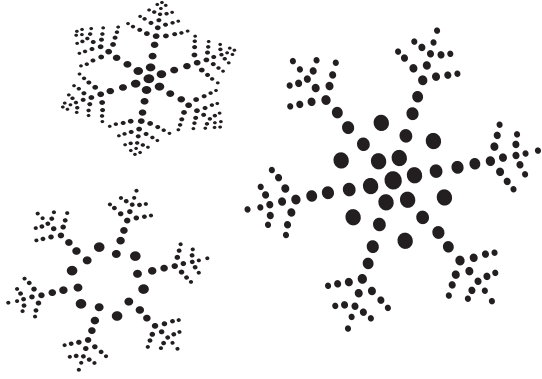
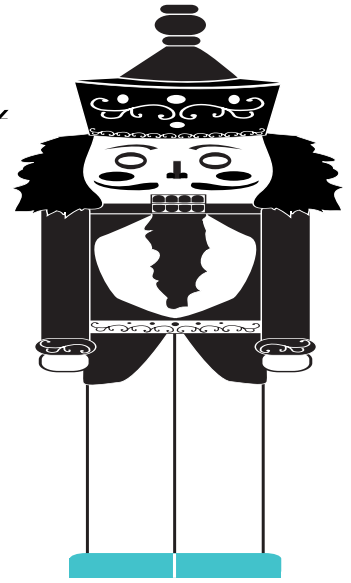


Dance Alliance
811 W. Michigan Ave.
Saline, MI 48176

Dance Alliance Summer 2017



Nutcracker Ballet & Jazz Workshops



DANCE ALLIANCE SUMMER 2017 WORKSHOP REGISTRATION FORM

I am enrolling in the following workshop(s).

SUMMER NUTCRACKER BALLET & JAZZ WORKSHOP

Monday through Thursday June 5-8, 2017 4:00pm-6:30pm & June 12-15, 2017 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 2017 20th Anniversary Nutcracker. Auditions for the Nutcracker are Wednesday, August 23, 2017. Please bring ballet, jazz, & pointe (if pointe student) shoes to first day of class.

_____ Full 2 week workshop. June 5-8 & June 12-15	\$250
_____ June 5-8	\$150
_____ June 12-15	\$150
_____ Daily	\$ 40 per day. Please list days.

Name: _____ F M Birthdate: _____ Age: _____

Address: _____ City: _____ Zip Code: _____

Home #: _____ Cell #: _____ Grade in Fall 2017 _____

Email: _____ "

Please send this form and full payment by **June 4, 2017 for Nutcracker Workshops** to secure your placement to:
(Studio Mailing Address)

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 _____ 3 Digit Code _____

Card Holder's Signature _____

Print Name (as it appears on card) _____