

# Dance Alliance

811 W. Michigan Ave., Saline, MI 48176  
734.429.9599  
dancealliance@comcast.net

## Nutcracker Ballet & Jazz "Legends"



### Summer Camps

### Summer 2019

I am enrolling in the following workshop(s).

#### BALLET CAMP Monday through Thursday

*This summer, ballet camp will introduce the many magical aspects of The Nutcracker. The camp will engage young dancers not only with music and choreography, but also with small crafts and projects, the use of costumes, props, videos and discussions of stage make-up. This is a great workshop to stimulate young creative minds and prepare future dancers for performance opportunities with Dance Alliance and Dance Alliance Repertory Company.*

**June 24-27, 2019**

- 9:00 a.m.-10:30 a.m., 3 & 4 year olds- *Nutcracker* \$90
- 10:30 a.m.-12:00 p.m., 5 & 6 year olds- *Nutcracker* \$90

*Exciting Summer 2019  
Nutcracker Ballet and Jazz  
Camps! Sign up now!*

#### JAZZ CAMP Monday through Thursday

*Through the use of music, media and their own movement, dancers will explore traditional to contemporary jazz dance. They will discuss, view and demonstrate the various styles from the Jazz Dance "Legends" of the past and present. If dancers are just beginning and in need of jazz shoes for the camp, please speak with someone in the office and we may be able to help you find a pair of shoes to borrow that will fit. We have a variety of sizes that have been donated. Ballet shoes may also be worn.*

**June 24-27, 2019**

- 12:30 p.m.-2:00 p.m., 5 & 6 year olds- *Jazz "Legends"* \$90

**Please bring a sack lunch if staying after the 10:30am-12:00pm class to take the 12:30pm-2:00pm jazz class.**

Name: \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Grade in Fall 2019 \_\_\_\_\_

Email: \_\_\_\_\_

Please send this form and full payment (Checks to Dance Alliance) by **June 21, 2019** for the Ballet and/or Jazz Camp(s) to secure your placement to:  
(Studio Mailing Address)

**Dance Alliance  
P.O. Box 1628  
Brighton, MI 48116**

**(Studio Phone: 734.429.9599 • Studio Email: dancealliance@comcast.net)**

#### 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) \_\_\_\_\_