

## Summer 2011 Youth Registration

### Parent/Guardian Information:

Mother (Last, First): \_\_\_\_\_ Father (Last, First): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

### Dance Student Information:

Name (Last, First): \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 New / Returning Student: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_  
 Please specify any special conditions / medical needs that we should be aware of: \_\_\_\_\_  
 \_\_\_\_\_

### Classes/Camps Registering For:

Class Title: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
 Class Title: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
 Camp Title: \_\_\_\_\_ Week: \_\_\_\_\_ Age Group: \_\_\_\_\_

### Publicity and Waiver of Liability Release

I am aware that dance is a physical activity that carries the risk of injury. By signing this waiver, I am releasing The Dance Project and any and all of its employees, City Arts and the City of Greensboro from all liabilities associated with injuries sustained during dance classes or related school functions.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (parent's name), allow my child \_\_\_\_\_ (child's name) to be photographed and/or videotaped for use by The Dance Project, Inc. I understand this release will not expire and shall be used for publicity and public relations.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Summer Payment Options:** The summer semester runs for 12 weeks, May 18-August 15, 2011. Due to summer time being a busy traveling period, we are offering partial semester packages. Choose the one that works best for you!

	8 weeks	10 weeks
30 Minute Classes	\$44	\$55
45 Minute Classes	\$66	\$82.5
60 Minute Classes	\$88	\$110
75 Minute Classes	\$110	\$137.5

All camps cost \$100 **\*\*Register and pay by 5/16, you will get the Early bird special: \$10 off! (camps only)\*\***

**Amount Due:** \_\_\_\_\_

Please make checks payable to **Dance Project, Inc.** and mail to: Dance Project Inc. 200 N. Davie St. #7 Greensboro, NC 27401. Payments are due at time of registration, no later than the first class – Returned checks are subject to a \$25 non-refundable fee.

**\*\*The Dance Project at City Arts reserves the right to cancel any class due to insufficient enrollment.\*\***