

L'Academie De Danse

Adult Dancer Information

Please print clearly

Dancer's Name _____ Name Called _____

Dancer's Birthday _____ Age _____

Mailing Address: _____
(please include city and zip code)

Email address _____

Phone numbers: please list cell and one other number to reach you at.

Cell Phone Number _____ Other Phone Numbers to reach you _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Medical Issues (include asthma, allergies, bladder/kidney issues, ADD/ADHD, etc.)

**Please read and initial beside the following statements if you agree to them.
(Please see Miss Nora if you have any questions concerning these statements)**

I acknowledge that I have read and understand the policy information and I hereby agree to adhere to these policies and terms. _____

I release media rights for L'Academie De Danse to use any photo, videos, or DVD's of myself and/or my child/ren for publicity or social media for the L'Academie De Danse . _____

I give Miss Nora permission to adjust my dancer's body position during the dance class. _____

I understand L'Academie de Danse is not responsible for any illnesses contracted (cold, flu, COVID, etc.) _____

I understand that L'Academie De Danse and the Teachers are not responsible for injuries or lost or stolen property _____

Years of dance at L'Academie De Danse as of this date. _____

How did you hear about this class?: _____

Class:

- | | |
|---|---|
| <input type="checkbox"/> Adult Tap Class - 6 week summer session
June 20 - August 1 (off the week of July 4th)
Tuesdays 7:30-8:30 pm
\$105 | <input type="checkbox"/> Adult Social Dancing - 4 week summer session
Line Dancing and Shag
Wednesdays 7:00 - 8:00
\$70 per couple
Partner Name: _____
Partner Contact Info: _____ |
| <input type="checkbox"/> Adult Beginner Ballet Class - 6 week summer session
June 22 - August 3
Thursdays - 7:30-8:30 pm
\$105 | |