

L'Academie De Danse

Adult SPRING 6 week Session - Dancer Information

Please complete one per dancer

Please print clearly

Dancer's Name _____ Name Called _____

Dancer's Birthday _____ Age _____

School Name (if applicable) _____

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:

- Adult Tap Class - 6 week Spring session
April 8th - May 13th
(Mondays 6:30-7:30 pm)
\$105

- Adult JAZZ Class - 6 week Spring Session
April 10th - May 15th
(Wednesdays 6:00-7:00 pm)
\$105 **

**10% off of Jazz if taking both classes or have a student enrolled