



2017 ADULT SUMMER SESSION REGISTRATION

*****Add another class and take off \$10.00. Must be at least 5 registered in order to run the class. Must be registered by June 5 2017 for 7 Week Workshop.**

PARTICIPANTS NAME: _____ **Date:** _____

Address: _____

Cell Number: _____ **Home Number:** _____

Email Address: _____

Age: _____ **Birth date:** _____

Emergency Contact: _____ **Cell Number** _____ **Relationship:** _____

Free summer T-shirt! Size: AS AM AL AXL AXXL

Please circle: Mondays Adult Ballet 7:15-8:15 \$60

Tuesdays Zumba 7:15-8 \$48

Wednesdays Tap/Hip Hop 7:15-8:15 \$60

Thursdays Stretch and Flex 7:15-8 \$48

****Acknowledgement of Medical Release and Waiver Form****

I _____ hereby give my consent to participate in classes at Marquette School of Dance, Inc. I understand that I will be participating in motion activities that involve turns, leaps, jumps and exercise activity. I also acknowledge that I must have medical insurance on myself. I am solely responsible for any medical expenses that may be incurred on the property of Marquette School of Dance, Inc. I understand all risks involved in physical activity, exercise and dance and hereby waive all claims against and hold harmless Marquette School of Dance, Inc., its employees and all staff for any injuries/accidents that could/may occur.

Signature: _____ **Date:** _____

Photo Release: I grant Marquette School of Dance, Inc, its employees and staff, the right to photograph me during this 2017 summer dance session and use it for any lawful purposes such as advertisement, publicity, illustration and web content. All names will be withheld.

Signature: _____ **Date:** _____

Please return to front desk or mail to Marquette School of Dance 4958A Darrow Rd. Stow, OH 44224.

For Office Use Only:

Paid Cash, Check, Charge _____ **Date:** _____