



Marquette  
School  
of  
Dance

# 2017 SUMMER SESSION REGISTRATION

**\*\*\*Add another class or sibling 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 June Workshops, June 26 for July Workshops and July 17 for last July/Aug Workshop.**

**PARTICIPANTS NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Home Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Parents Names:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Cell Number** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Please circle:** **Week 1 Jazz 6/12-15**      **Week 2 Ballet 6/19-22**      **Week 3 Tap 6/26-29**  
**Week 4 Hip Hop/Acro 7/10-13**      **Week 5 Lyrical/Modern 7/17-20**  
**Week 6 Ballet Nutcracker 7/24-27**      **Week 7 Jazz 2 7/31-8/3**

**\*Prices\*** 45 minute class for the week- \$48      30 minute class for the week- \$36  
1 Hour class for the week- \$55      Nutcracker Ballet Variations Levels 4-7- \$85

**Class NAME(s)** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Class TIME(s)** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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

I/We \_\_\_\_\_, parents of \_\_\_\_\_ hereby give our consent for my/our child to participate in classes at Marquette School of Dance, Inc. I/We understand that my/our child will be participating in motion activities that involve turns, leaps, jumps and exercise activity. I/We also acknowledge that we must have medical insurance on my/our child. I/We are solely responsible for any medical expenses that may be incurred on the property of Marquette School of Dance, Inc. I/We 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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Photo Release: I grant Marquette School of Dance, Inc, its employees and staff, the right to photograph my/our child 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.

Parent 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: \_\_\_\_\_