



Students Name: _____ Students D.O.B. _____

Email: _____ Parent Cell Phone: () _____ - _____

Emergency Contact: _____ () _____ - _____

Our EVERYbodyDANCE classes are 60 minutes and will be geared towards any special needs our students may require. Our staff is prepared for and welcoming of all students and all abilities. Each session is 8 weeks long. The cost per each 8 week session is \$165.

Spring Session 1: February 1st - March 21st

Spring Session 2: March 28th - May 23rd

(No Class April 11th)

Date of Registration: _____ Total due \$165

Reminders: Paid Tuition is non-refundable. Return checks are subject to a fee of \$35. Payment is due at registration.

NOTIFICATION OF PERSONAL RISK Dance classes use various levels of physical effort. Participants and parents/guardians must be aware of the inherent risks to bodily injury resulting from dance. Every precaution is taken to prevent/avoid injury.

POLICY OF PERSONAL PROPERTY AND VALUABLES Evjen cannot be responsible for theft, loss or damage of personal property. Please use dance/athletic bags for personal belongings, to be kept in waiting room or classroom.

HOLD HARMLESS AGREEMENT I agree to hold harmless the Evjen, against any and all injuries, costs, losses, damages and expenses (including attorney's fees) which I or member of my family might suffer from participation in any class, production, rehearsal or event of any kind or character without limitation.

By signing this agreement, I understand I am waiving any claims, liens, demands or causes of action, which I may now or in the future possess against the Evjen arising out of or in any way related to my participation in any class, production, rehearsal or event of any kind or character without limitation.

I have read and fully understand the above policies and guidelines for the Evjen Academy of Performing Arts, LLC.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Thank you for choosing the EVERYbodyDANCE program at Evjen Academy of Performing Arts
 Office use: Amount paid _____ Cash Check CC Staff initial: _____