

**Dance Connections, Inc,
2009-2010 Registration Form**



Student Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardians: _____

Emergency Contact (other than parent): _____

Emergency Contact Home Phone: _____ Cell: _____

Class Name: _____ Day: _____ Time: _____

_____ Day: _____ Time: _____

_____ Day: _____ Time: _____

How will payment be made: (check one)

	Yearly	Semi-Annually	4 equal payments
45 minute class	___\$360	___\$180.00	___\$90
60 minute class	___\$388	___\$194.00	___\$97
75 minute class	___\$424	___\$212.00	___\$106
90 minute class	___\$480	___\$240.00	___\$120

Registration Fee ___\$20 per child ___\$25 per family

Discount!! Take \$5 off the registration fee if registered by July 31, 2009.

Discount! 3 classes per family take 5% off total tuition, 4 or more classes per family take 10% off tuition.

Please make checks payable to: Dance Connections, Inc. Mailing address is 108 Mellor Ave, Catonsville, MD 21228.

Release of Liability

I understand and acknowledge that dance classes and performances organized and offered by Jennifer Aversa and Dance Connections, Inc. bring with it known and unanticipated risks to my child or myself. Those risks include, but are not limited to: falling, slipping, colliding, and could result in injury, illness, emotional distress, death, and/or property damage to myself or my child. For good and valuable consideration, the undersigned parents or guardians, with the intention of binding themselves, their heirs, executors, administrator and assigns, and with the intention of binding the minor children of the undersigned, and in the undersigned's capacity as individuals, husbands, wives, or domestic partners, and as the parents and/or guardians of said minor children, do hereby expressly release, discharge, indemnify and hold harmless Jennifer Aversa, Dance Connections, Inc., Howard County Center for the Arts, and Kahler Hall and every member thereof, and the heirs, assigns, successors, agents, and all liability, claims, demands, actions, judgments and matters which the undersigned parties (or the minor children thereof) ever had, now have, or claim to have, against Jennifer Aversa, Dance Connections Inc., Howard County Center for the Arts, and Kahler Hall and every member thereof and their heirs, assigns, successors, agents, representatives, officers and directors, jointly and severally, created by or arising out of any activity or matter whatsoever related to dance classes or performances offered or organized by Jennifer Aversa and Dance Connections Inc. This release shall be legally binding upon execution of this form. If you wish, please consult legal counsel prior to signing this form. The undersigned agree to reimburse any reasonable attorney's fees and costs which may be incurred by Jennifer Aversa, Dance Connections Inc., Howard County Center for the Arts, and Kahler Hall in the defense of any such liability, claim, demand, action or right of action. I acknowledge and certify that I have had a sufficient opportunity to read this entire document, that I have, in fact, read it in its entirety, that I understand its content and that I execute it freely, intelligently and without duress of any kind.

NAME: _____ Date: _____

Parent or Guardian if student is a minor