



Young Artist Program Registration Fall 2011

BELLE PLAINE studio

Sept. 12 - November 18

TUESDAY		
3:30 PM	Creative Dance Ballet I	3 and 4 years 7 and older
4:30 PM	Pre Ballet Ballet II	5 and 6 years prior ballet
WEDNESDAY		
3:30 PM	Creative Dance	3 and 4 years
4:30 PM	Pre Ballet	5 and 6 years
THURSDAY		
3:30 PM	Creative Dance	3 and 4 years
3:30 PM	Pre Ballet	5 and 6 years
4:30 PM	Tap	7 and older

TUESDAY	WEDNESDAY	THURSDAY
<input type="checkbox"/> Creative Dance	<input type="checkbox"/> Creative Dance	<input type="checkbox"/> Creative Dance
<input type="checkbox"/> Pre Ballet	<input type="checkbox"/> Pre Ballet	<input type="checkbox"/> Pre Ballet
<input type="checkbox"/> Ballet I		<input type="checkbox"/> Tap
<input type="checkbox"/> Ballet II		

Tuition: \$130.00

(10%) discount for multiple classes or siblings

Tuition is non-refundable/non-transferable

Student's Name: _____ Age: _____ Parent's Name (if minor): _____

Address: _____

Emergency Phone (home): _____ (cell): _____ email: _____

Food allergies, medical or other concerns: _____

Permission to Administer Care Do we have permission to transport your child to the hospital for emergency care?

Signature _____ Date: _____

Waiver Release

In regard to the services of Belle Plaine Studio, their officers, employees, volunteers, participants and all other persons/organizations acting in any capacity on their behalf, I hereby agree to release, indemnify, and discharge the Belle Plaine Studio on behalf of myself and/or my children as follows:

I acknowledge that my participation in classes, workshops, auditions, rehearsals, performances and other activities that involve various movement forms, including acrobatics, aerial arts and dance entails known and unanticipated risks that could result in physical or emotional injury, including severe injury, paralysis and death. I release that such risks cannot be eliminated without compromising the essential qualities of the activity. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs or damage to myself. My participation in this activity is purely voluntary, and I elect to participate despite the risks. I also understand that I must judge my own capabilities in regard to these activities. I take full responsibility for not exceeding the limits of my body.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Belle Plaine Studio from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of equipment or facilities. Should the Belle Plaine Studio or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce the agreement, I agree to indemnify and hold them harmless for all such fees and costs. By signing this document, I acknowledge that if anyone is hurt during my participation in this activity, I may be found by the court of law to have waived my right to maintain a lawsuit against the Belle Plaine Studio on the basis of any claim form which I have released them herein.

Signature _____ Date: _____

