

FOOTLIGHT DANCE CENTRE

Last Name _____

REGISTRATION FORM FALL 2017

Student's Name _____ Grade _____ Birthdate & Age _____

Parent's Name _____ Box/Address _____

City/Zip _____ Mom cell _____ Student Cell _____

Email Address _____ Emergency Contact/Phone _____

Other Parent if different from above _____ Address _____

City/Zip _____ Cell # _____ email _____

I would love to be a volunteer. Needed: carpentry skills, flooring skills, sewing, hair & make-up, PR design, cleaning, etc.

My expertise is: _____

Help with your fall registration

I suggest the following levels based only on last year's participation. Please feel free to call if you have any questions about adding a different dance class from previous instruction, class levels, different techniques, attire, instructors. I will be happy to help guide your children into appropriate classes.

Can you receive ALL flyers, information by email starting now? Yes _____ No _____ email _____

Enrolling in the following classes : Hailey Studio Locations : _____ Ketchum Studio Locations : _____
Child Name : _____ 1) _____ 2) _____ 3) _____

Enrolling in the following classes : Hailey Studio Locations : _____ Ketchum Studio Locations : _____
Child Name : _____ 1) _____ 2) _____ 3) _____

Fall Session Fees / 13 weeks :

Creative Movement 1 (1x per week)	\$90.00/Hailey(10 wks), \$99.00/Ketchum(11 wks)		
45min to one hour, 1x per week -	\$117.00	Int. Ballet 1 (2x per week)	\$273.00
2 classes per week -	\$222.00	Int. Jazz & Modern (2x per week)	\$273.00
3 classes per week -	\$323.00	Adv. Jazz or Modern (3x per week)	\$384.00
1 class 1 1/4 hour per week -	\$137.00	Int. Ballet 2 / 3 / 4 (4x per week)	\$507.00
		Adv. Ballet (4x per week)	\$507.00

Call if your payments don't fit into a listed category.
\$25.00 fee will be charged on all returned checks.

PAYMENT : Amount : _____ **Paying in Full** _____ **Request a Monthly installment plan** _____

FOOTLIGHT LOGO SWEATSHIRT \$28.00 / Black Hood - Reserve w/ Payment _____ Size : CM __ CL __ CXL __ AS __ AM

PRE-REGISTRATION - Must be postmarked by August 18, or this form is invalid, 1st come/1st serve(space limited)

Mail to : Footlight Dance Box 3593, Ketchum, Id. 83340 ♦ Hilarie Neely, Director ♦ Hailey & Ketchum 578-5462 footlightdance@gmail.com

Medical Consent : In event of injury, I hereby authorize the program officials/instructors of Footlight Dance Centre to arrange for medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release Footlight Dance Centre and all others from all liability in taking such action, including all action which may be contrary to personal religious beliefs. I, the undersigned, have read this Release and Consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Liability Release : I do hereby agree to release Footlight Dance Centre and all other cooperating agencies, employees, officials, instructors or managers thereof, from all liability for damages by reason of injuries or property damages that may be sustained as a result of participation in this program.

Signature of Parent/Guardian _____ Date _____

Parent Email (correspondance will use this method) _____