




**2019 Summer Class Schedule**

TIME/STUDIO	<u>Studio 1</u>	<u>Studio 2</u>	<u>Studio 3</u>
5:00			Pre-K/Combo (45 min) 3-6 yr. olds
5:45	Competition and Advanced Level Classes – Schedule TBA 		Summer Sampler* – Beg/Int. Level – Ages 7-11
6:30			
7:30			
8:30			

\*Summer Sampler – will offer the following dance styles: jazz, hip hop, musical theatre, lyrical, tap, ballet and Acro.

Classes Held on the Following Dates: Mon. 6/24, Wed. 6/26, Mon. 7/1, Wed. 7/3, Mon. 7/8, and Wed. 7/10.

**Summer Dance Class 2019 Registration (For New Students)**

Dancer's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact (name and phone) \_\_\_\_\_

Please list the classes the student will be taking:

\_\_\_\_\_

\_\_\_\_\_

I the undersigned agree to follow the policies and procedures set forth by the Sam Smith School of Dance as they have been created in the best interest of the students.

- I accept the responsibility of reading and following all information received in the summer program.
- I am aware that there is a potential risk associated with participating in a dance class. I understand and assume all risks associated with dance class participation, including but not limited to falls or contact with other persons. I also affirm that I now have and will continue to provide proper hospitalization, health and accident coverage that I consider adequate for both my child's and my own protection.
- I give permission for emergency medical treatment of my child in the event that a parent cannot first be contacted.
- I approve the use of my child's photograph in studio publications, advertising and website. I understand that names will not be listed

Parent/Guardian Name (printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_