



EXCELSIOR SCHOOL *of* DANCE
AND PERFORMING ARTS

SUMMER CLASS REGISTRATION

ESD New Grade 4 and Up

Student Name: _____ Parent(s) Name: _____

D.O.B. _____ Age: _____ ESD Ballet Grade/Level: _____ Last Exam Passed/Year of Exam: _____

Email: _____

Telephone: (HM) _____ (WK) _____

(Cell) _____ (Circle Yes or No to receive text updates from Ms. Ashley as this is our main form of communication)

Email: _____

Due to the nature of the exercises taken by the students of dance school, parents are warned that children suffering from asthma, orthopedic injuries, or degenerative back complaints should seek the advice from an appropriate medical practitioner or specialist before enrolling a student in the dance school. All reasonable care will be taken for the welfare of the students; however, in the case of injury or accident, the school will assume no responsibility. In the event of a medical emergency, and where a parent cannot be contacted, I authorize Excelsior School of Dance to seek medical advice and treatment.

This agreement fully represents all terms and considerations and no other statements, conditions, or promises are made in conjunction with this release form. I give permission to *Excelsior School of Dance* to use, without charge and without reservation, my likeness in any medium and for any lawful purpose, including promoting the institution, its programs and services. I waive any rights of action I may have and release *Excelsior School of Dance* and its licensees from any and all claims I may have arising from use of my likeness, including any rights to sue for defamation or violation of my rights of privacy or publicity.

Signature: _____ Date: _____

Emergency Contact Name and Relation: _____ Emergency Contact #: _____

INTERMEDIATE/ADVANCED BALLET

June 10th - July 24th

ESD's Grade 4 - Level 9

Ballet/Variation (Choreo)/Conditioning/Pointe

TUESDAYS: 3:00 - 5:30pm

THURSDAYS: 3:00 - 5:30pm

Summer Class Tuition: These classes will be calculated per week.

Please circle the days/weeks you plan to attend

- 2.5 hours/week = \$45.00 per class

- 5 hours/week = \$75.00 a week

SUMMER CLASS DATES (please circle)		
Weekly: 5 Hrs \$75.00/ea	Per Class: 2.5 Hrs \$45.00/ea	Per Class: 2.5 Hrs \$45.00/ea
Tue & Thur	Tuesdays	Thursdays
Week 1	6/10	6/12
Week 2	6/17	6/20
Week 3	6/24	6/26
Week 4	7/1	7/3
Week 5	7/8	7/10
Week 6	7/15	7/17
Week 7	7/22	7/24

Classes with 6 or fewer students are subject to cancellation

\$ _____ Summer Tuition Total

\$10.00 _____ Summer Registration

\$ _____ Total Amount Due

Payment Method: Cash: \$ _____ &/OR Check: # _____ Total on Check: \$ _____