



Balanchine

June & July 2018

Summer Registration Form

1808 Woodmoor Dr., Monument, CO 80132
719.232.5313/ jeri@atimetodancecolorado.com

Dancer's Name: _____ D.O.B. _____ Age _____
 Parent/Guardian: _____ Cell# _____ Home# _____
 Dancer Email: _____ Parent Email: _____
 Address: _____
 Contact in case of emergency (other than parent) name and #: _____
 Does dancer have any medical restrictions/allergies: yes/no _____
 Previous Dance Training (type/duration): _____

June 4th-8th
Monday
 Ballet 12:00-2:00
 Pointe 2:15-3:00
Tuesday
 Ballet 2:30-4:30
 Pointe 4:45-5:30
Thursday
 Ballet 10:00-12:00
 Pointe 12:15-1:00
O \$80.00/week

June 12th-14th
Tuesday
 Ballet 1:15-2:45
 Pointe 3:00-3:45
 Workshop 4:00-5:00
Wednesday
 Ballet 11:00-12:30
 Pointe 12:45-1:30
 Workshop 2:00-3:15
Thursday
 Ballet 10:00-12:00
 Pointe 12:15-1:15
 Workshop 2:00-3:15
O Ballet \$100.00
O Ballet/Workshop \$125.00

June 18th-22th
Monday
 Ballet 11:00-12:30
 Pointe 12:45-1:30
 Workshop 2:15-4:00
Tuesday
 Ballet 10:30-12:00
 Pointe 12:00-12:45
 Workshop 1:30-3:00
Wednesday
 Ballet 11:00-12:30
 Pointe 12:45-1:30
 Workshop 2:15-4:00
Thursday
 Ballet 10:00-12:00
 Pointe 12:15-1:15
 Workshop 2:15-4:00
Friday
 Ballet 10:00-11:30
 Pointe 11:30-12:15
 Workshop 1:00-3:00
O Ballet \$150.00
O Ballet/Workshop \$195.00/week

June 26th-28th
Tuesday
 Ballet 1:15-2:45
 Pointe 3:00-3:45
 Workshop 4:00-5:00
Wednesday
 Ballet 11:00-12:30
 Pointe 12:45-1:30
 Workshop 2:00-3:15
Thursday
 Ballet 10:00-12:00
 Pointe 12:15-1:15
 Workshop 2:00-3:15
O Ballet \$100.00
O Ballet/Workshop \$125.00/week

July 2nd - 6th
(God Given Gifts)
Monday
 Ballet 12:00-2:00
 Hip-Hop 6:00-7:00
 Tap 2 5:00-6:00
Tuesday
 Ballet/Pointe 12:00-2:00
Friday
 Ballet/Pointe 2:00-4:00
O Ballet \$80.00/week
O God Given Gifts 100.00/week

July 9th - 13th
Monday
 Ballet/Pointe 12:00-2:30
Tuesday
 Ballet/Pointe 10:00-12:00
Friday
 Ballet/Pointe 12:00-2:00
O \$80.00/week

July 16th- 20th
Monday
 Ballet/Pointe 12:00-2:00
Wednesday
 Ballet/Pointe 11:30-1:30
Thursday
 Ballet/Pointe 11:00-1:00
O \$80.00/week

Please read both sides of this form, fill in, and sign Liability release

Tap 2 & Hip-hop

Weekly Summer Classes June 4th- July 20th.

No classes Monday, June 11th

Monday, June 4th

O Tap 2 5:00-6:00

O Hip Hop 6:00-7:00

Monday, June 18th

O Tap 2 5:00-6:00

O Hip Hop 6:00-7:00

Monday, June 25th

O Tap 2 5:00-6:00

O Hip Hop 6:00-7:00

Monday, July 2nd

O Tap 2 5:00-6:00

O Hip Hop 6:00-7:00

Monday, July 9th

O Tap 2 5:00-6:00

O Hip Hop 6:00-7:00

Monday, July 16th

O Tap 2 5:00-6:00

O Hip Hop 6:00-7:00

\$14.00 per hour x's # of hours _____ = \$ _____

Must be pre-registered and pre-paid. Classes will be open based on availability and enrollment.

Totals from each week.

Jun 4-8 \$ _____

Jun 12-14 \$ _____

Jun 18-22 \$ _____

Jun 26-28 \$ _____

Jun Hip-Hop/Tap \$ _____

Jul 2-6 \$ _____

Jul 2-6 God Given Gifts **\$100.00**

Jul 9-12 \$ _____

Jul 16-20 \$ _____

Jul Hip-Hop/Tap \$ _____

Theatre Camp \$ _____

Total for Jun \$ _____

Total for Jul \$ _____

Form of payment:

Theater Camp (ages 10-18)

July 16th – 20th

Time: 4:30pm-8:00pm

What: Dance, Act, Sing



Perform: Friday, July 20th @ 7:30pm

Tuition: \$195.00

Release of Liability

As the legal parent or guardian, I release and hold harmless A Time To Dance, its owners and operators, from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of A Time To Dance, its owners and operators, or en route to or from any of said premises.

Medical Emergency

The undersigned gives permission to A Time To Dance, its owners and operators, to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician

_____ be called at
 _____ and that my child be transported to
 _____ hospital. I've read all of the above and
 the Studio Policies and agree:

_____ Date

_____/_____/_____

(Signature of parent or legal guardian if student is under age 18, or signature of student if age 18 or older)