



**Summer Registration Form (July 6-24, 2020)**

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): \_\_\_\_\_

<u>Level</u>	<u>In Studio</u>	<u>Zoom</u>	<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Classes You Will Be Taking: **Please check below.**  
**A:**  Worship/Lyrical  Variations  Tap  Theatre  God Given Gifts  
**B & C:**  Variations  Jazz/Lyrical  Hip-hop  Tap  Theatre  Outdoor Cont.  God Given Gifts  
**D:**  Jazz/Lyrical  Hip-hop  Tap  Theatre  Teen Ballet  God Given Gifts  
**E:**  Jazz/Lyrical  Kidz Hop  Bal/Tap/Jazz Combo (Tu and/or Fri)  Creative Movement  Beg. Tap  Theatre  Breakdance  God Given Gifts  
**Age 7-9 years:**  Kidz Hop  Bal/Tap/Jazz Combo (Tues and/or Fri)  Creative Movement  Beg Tap  Theatre  Breakdance  
**Adult or Teen Classes:**  Hip Hop  Tap  Theatre  Beg. Ballet  Prof Ballet  
 Other information that would assist ATTD in organizing class structure i.e. vacations, intentions, etc \_\_\_\_\_  
 \_\_\_\_\_

Professional Rate: 10.00/class Teacher Rate: 8.00/class Drop-in Student: 15.00/hour	Tuition (due and payable upon registering) Levels A-D: \$165.00/month Level E: 75.00/month Age 7-9: 75.00/month 1 hour/week: 45.00/month 2 hours per week: 75.00/month God Given Gifts: 20.00 <b>Pro-rating unavailable</b> No additional discounts given Non-Refundable Would you prefer to be billed online <input type="radio"/> ? Or Pay by Check <input type="radio"/> # _____
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**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)