



Mailing Address:
P.O. Box 1628
Brighton, MI 48116

Studio Location:
811 W. Michigan Ave.
Saline, MI 48176
734.429.9599

www.danceallianceofsaline.com
dancealliance@comcast.net

SUMMER 2023 DANCE INTENSIVE REGISTRATION

Name: _____ F _____ M _____ Birthdate: _____ Age: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Classes offered daily for intermediate to advanced dancers in a variety of dance styles. These classes will have several different instructors and are for the serious dancers wishing to expand their craft. Less experienced dancers should speak with Adam and/or Lisa before registering for these classes. **Classes will be held from 12:30p.m. to 3:00p.m. at Dance Alliance. Classes are \$40.00 per day, \$150.00 per week or \$250.00 for the entire two week session.** Please check the following day(s)/week(s) for which you would like to register. Please make checks payable to Dance Alliance. A \$30.00 fee will be due on all checks returned unpaid. Please keep in mind that space is limited and that enrollment is on a “first-come, first-serve” basis. Please give your registration to Adam or Lisa at Dance Alliance, or mail to the address above.

_____ Week #1 - June 12, 13, 14 & 15 (Mon.-Thurs.)

_____ Week #2 - June 19, 20, 21 & 22 (Mon.-Thurs.)

I am _____, the parent or guardian of _____, if applicable, who is enrolling in a program of dance and/or workout instruction at Dance Alliance, L.L.C. I acknowledge that I am fully aware of the hazards and physical stresses associated with dance/any physical activity and I am not aware of any medical or mental condition which would prohibit myself or my minor child from safely participating in this activity. I will inform my instructor or Dance Alliance, L.L.C. of any physical or mental condition which I or my child may incur during the period of enrollment in the course activity which may interfere with his, her or my participation in the course activity.

In further recognition of the risks of injury and illness inherent in any dance/physical activity program, I hereby waive and release Dance Alliance, L.L.C., its owners, employees and agents, on behalf of my child and myself, from and against any and all claims, costs, liabilities, expense or judgements arising out of my participation or my child’s participation in Dance Alliance’s programs for any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless Dance Alliance, L.L.C., its owners, employees and agents from and against any and all claims, except for illness or injury directly resulting from gross negligence or willful misconduct on the part of Dance Alliance, L.L.C., its owners, employees or agents.

Date _____ Parent Signature _____ Print Parent Name _____

DA/DARC DANCE INTENSIVE 2023

STATEMENT OF INFORMED CONSENT AND RELEASE OF CLAIMS

I am _____, the parent or guardian of _____, if applicable, who is enrolling in a program of dance and/or workout instruction at Dance Alliance, L.L.C. I acknowledge that I am fully aware of the hazards and physical stresses associated with dance/any physical activity and I am not aware of any medical or mental condition which would prohibit myself or my minor child from safely participating in this activity. I will inform my instructor or Dance Alliance, L.L.C. of any physical or mental condition which I or my child may incur during the period of enrollment in the course activity which may interfere with his, her or my participation in the course activity.

In further recognition of the risks of injury and illness inherent in any dance/physical activity program, I hereby waive and release Dance Alliance, L.L.C., its owners, employees and agents, on behalf of my child and myself, from and against any and all claims, costs, liabilities, expense or judgements arising out of my participation or my child's participation in Dance Alliance's programs for any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless Dance Alliance, L.L.C., its owners, employees and agents from and against any and all claims, except for illness or injury directly resulting from gross negligence or willful misconduct on the part of Dance Alliance, L.L.C., its owners, employees or agents.

I also give permission to Dance Alliance, L.L.C. to use any dance photographs and/or videos taken of my dancer(s). These photos and/or videos may be used now or in the future for publicity purposes or for programs, posters, tickets, postcards and/or website designs along with social media.

Date _____ Parent Signature _____

Print Parent Name _____

Credit Card Payment Authorization (Visa or Mastercard)

I _____ authorize Dance Alliance, L.L.C. to charge my credit card indicated below for \$ _____ on or after _____ (Date).

Billing Details

Billing address is the same as Registration address on the front of form.

Or different billing address for this credit card...

Billing Address _____

City, State, Zip _____

Credit Card Information

- Visa - Mastercard

Cardholder's Name _____

Credit Card Number _____

Expiration Date _____/_____

Security Code (CVV) _____

Zip _____

I authorize Dance Alliance, L.L.C. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for services/goods, for the amount indicated above, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____
(Cardholder)

DATE _____