



Over 45 years in Saline and *Celebrating* our 20th season as Directors. Thank you for being a part of our lives and of what we love...DANCE!

-Adam & Lisa

811 W. Michigan Ave. Saline, MI 48176 734.429.9599 dancealliance@comcast.net www.danceallianceofsaline.com

DANCE ALLIANCE FALL REGISTRATION

Fall classes begin Tuesday, September 5, 2023

Mailing Address:

P.O. Box 1628 Brighton, MI 48116

Owners/Directors:

Adam B. Clark & Lisa Darby Clark

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ (1 email for Newsletters, Statements, Concert Dates, Snowdays, etc.)

Grade in Fall 2023 \_\_\_\_\_  In-Person @ School  Virtual w/ School  Homeschool

Fall Dance Class(es) desired (See classes offered below) \_\_\_\_\_

Previous dance experience (if new to DA) \_\_\_\_\_

Referred to Dance Alliance by: \_\_\_\_\_

Individuals from DA, referring NEW students to DA, will receive \$25 off their Winter '24 Second Semester Tuition! Put your name on a Registration Form and pass along to a NEW friend for your discount, or use a referral coupon. May not be combined with any other coupons, discounts, offers or scholarships, one referral per account and accounts must be paid in full for any offer to apply.

A \$5 nonrefundable registration fee PER CLASS is required to hold your place in all classes. Please return this form and your payment, payable to Dance Alliance, to the mailing address above. Please be aware that the studio location, 811 W. Michigan Ave., Saline, MI 48176, is not the studio mailing address.

Confirmation of your fall registration and class placement will be sent by mail or email. Class offerings for Fall 2023...Toddler Time (ages 2-3), Creative Pre-Ballet (ages 3-4), Ballet (ages 4-adult), Pointe (ages 12-18) must also be taking ballet, Tap (ages 5-adult), Jazz (ages 5-adult), Hip Hop (ages 7-adult) must also be taking jazz, Modern (ages 9-18) must also be taking ballet and jazz, Lyrical/Contemporary (ages 7-18) must also be taking ballet and jazz, Kickline (ages 7-18) must also be taking ballet and jazz, Musical Theater (ages 8-18) must also be taking ballet and jazz, Strength & Stretch Class (ages 7-adult), Turns & Progressions (ages 10-18) must also be taking ballet and jazz. Boys' Classes (depending on ages and abilities/upon request). Also offering...Adult Jazz, Tap, Ballet & Hip Hop.

If interested in enrolling for any of the above classes, please note above and include your \$5 nonrefundable registration fee per class. If there is not sufficient interest for a particular class, it will be removed from the schedule.

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. As well as the above, by my signature, I acknowledge that I have read, understand, and agree to the Dance Alliance Policies and/or Procedures as defined in the registration packet that I received.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

Print Parent Name \_\_\_\_\_

TUITION: \$5 REGISTRATION FEE PER CLASS in addition to tuition. This fee covers registration for the entire dance season. 16 Week Session, 2 sessions (32 weeks) per dance year. The tuition fees for your classes will be due September 5, 2023 (for the 1st 16 week session) and January 21, 2024 (for the 2nd 16 week session). If needed, monthly payments may be arranged with the Dance Alliance office. Please refer to our "Payment Policy" for specific information. All adult classes must be paid in full for both 16 week sessions by the September 5, 2023 due date. (10% discount for each additional class per student, excluding private instruction)

- 30 Minute Classes-\$190/16 Week Session • 45 Minute Classes-\$200/16 Week Session • 60 Minute Classes-\$210/16 Week Session
75 Minute Classes-\$220/16 Week Session • 90 Minute Classes-\$230/16 Week Session • 120 Minute Classes-\$250/16 Week Session
30 Minute Private Instruction-\$45/Scheduled Lesson • 45 Minute Private Instruction-\$55/Scheduled Lesson
60 Minute Private Instruction-\$65/Scheduled Lesson • 75 Minute Private Instruction-\$75/Scheduled Lesson

**DANCE ALLIANCE**  
**FALL REGISTRATION**  
**CONTINUED...**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

(Cardholder)