

PLEASE PRINT:

Student Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Adult's Name: _____ Relationship to Student: _____

Home #: (____) _____ Cell #: (____) _____ Work #: (____) _____

Adult's Name: _____ Relationship to Student: _____

Home #: (____) _____ Cell #: (____) _____ Work #: (____) _____

****EMAIL (REQUIRED):** _____

ALL communication will be made through this email address.

\$160.00 per person – 8 week sessions
Classes will begin the 1st week of October

Enrollment Rules:

- **Mask wearing is at the discretion of the parent.**
- **Instruction will be solo dancing unless you come with a partner. There will be no changing of partners.**
- **Parents are asked to wait in their cars.**
- **Please bring your own water bottle.**

Cash or Check is preferred.

A 5% fee will be assessed to all credit card transactions.

**Each class must have a minimum of 4 participants or That's Dancing reserves the right to combine classes and/or ages categories. **

RELEASE OF LIABILITY:

That's Dancing Ballroom cannot be held liable for injuries sustained by persons attending any function or class held at the Studio. Everyone attending participates at his or her own risk. I release A.G.P. Inc. (DBA That's Dancing Ballroom) from all claims regarding illness or accidents. In making a claim, dispute, or non-payment requiring the Studio to hire legal counsel shall be held solely liable and responsible for the cost of said council and any and all associated fees arising thereof. That's Dancing accepts no responsibility for loss of items left at the Studio. In participation, you consent to the use and release of any video, pictures, or names in connection with the promotion of the Studio. Students should be aware that proper footwear is recommended to avoid injury, and various styles of shoes are available for purchase through this studio per your request. Student with prior or existing injuries should consult their doctor on the injury's pertinence to your dancing ability. To maintain the health of our students and staff, we are asking that no students come in for lessons if they are sick or have been exposed to someone with Covid. In signing below you acknowledge that you do not have any symptoms of Covid, have not been in personal contact with anyone having symptoms of Covid, and that you have not traveled out of the country in the last 2 weeks. **Initial of Responsible Party** _____