

ENCHAINEMENT 2018 WINTER INTRODUCTORY PROGRAMS REGISTRATION



CHILDREN'S CLASSES

BALLET/ TAP COMBO-AGES 3-5 YEARS -\$152

FRIDAYS 4:30-5:30

9 WEEKS

January 11-March 8, 2019
Parent Observation March 8

SATURDAYS 10:00-11:00

9 WEEKS

January 12-March 9, 2019
Parent Observation March 9

JAZZ/HIP HOP COMBO-AGES 4-6 YEARS -\$152

FRIDAYS 3:30-4:30

9 WEEKS

January 11-March 8, 2019
Parent Observation March 8

SATURDAYS 10:00-11:00

9 WEEKS

January 12-March 9, 2019
Parent Observation March 9

KICKSTART BALLET- AGES 7-10 YEARS -\$152

9 WEEKS

TUESDAYS 3:30-4:30

January 8-March 5, 2019
Parent Observation March 5

KICKSTART TAP- AGES 8-11 YEARS

9 WEEKS

FRIDAYS 3:30-4:30

January 11-March 8, 2019
Parent Observation March 8

KICKSTART HIP HOP- AGES 7-11 YEARS-\$152

FRIDAYS 5:30-6:30

9 WEEKS

January 11-March 8, 2019
Parent Observation March 8

ADULT CLASSES

ADULT BURLESQUE FIT -\$152

FRIDAYS 6:30-7:30

9 WEEKS

January 11-March 8, 2019

ADULT BEGINNER HIP HOP- \$152

THURSDAYS 6:30-7:30

9 WEEKS

January 10-March 7, 2019

BALLET FOUNDATIONS FOR ADULTS-\$152

sATURDAYS 12:00-1:00

9 WEEKS

January 12-March 9, 2019

DANCER INFORMATION

Name of Dancer: _____ Billing ID # _____

Birth Date: _____ Age: _____ Female: _____ Male: _____

Parent/Guardian's Name: _____ Email: _____

Phone: _____ Cell: _____

Payment Information

Credit Card # _____ Expiry _____ V Code _____

Amount Payable: _____ Signature: _____

Program/Injury/Photo Release Waiver

I, _____ understand that participation in, and the movements involved with a dance program, carries with it a risk of injury. Therefore, I hereby waive and release Enchainement Productions Inc., operating as Judy Russell's Enchainement Dance Centre (hereafter referred to as Judy Russell's Enchainement Dance Centre), from any and all liability for any injuries or illness incurred while at Judy Russell's Enchainement Dance Centre, whether dance related or not. Judy Russell and instructors will not be held liable for any medical expenses incurred while my child(ren)/myself _____ is (are) at Judy Russell's Enchainement Dance Centre.

I hereby authorize Judy Russell's Enchainement Dance Centre to act for me in any emergency requiring medical attention. In lieu of medical certificate signed by a medical physician, I have no knowledge of any physical or mental impairment that would be affected by my/ my child's participation in the dance program.

I grant to Judy Russell's Enchainement Dance Centre, its representatives and employees, the right to take photographs and videos of my child(ren)/myself in connection with my activities through the dance school. I authorize Judy Russell's Enchainement Dance Centre, its assign and transferees, to copyright, use, or publish the same in print and/or electronically.

I agree that Judy Russell's Enchainement Dance Centre may use such photographs and/or videos of me or my child(ren) with or without my name for any lawful purpose, including for example such purpose as publicity, illustration, advertising, and web content for www.judyrussellpresents

Parent/Guardian/Dancer Signature _____ Date _____