

INTENSIVE PROGRAM for YOUNG DANCERS 2010

REGISTRATION FORM

PLEASE INDICATE SESSION(S) YOU WISH TO ATTEND:

___ SESSION I: July 5-9 ___ SESSION II: July 12-16 ___ SESSION III: July 19-23

___ \$25 Non-Refundable Registration Fee Enclosed. Balance due prior to 1st class.

1 week=\$175+tax=\$186.59 2 weeks=\$340+tax=\$362.53 3 weeks=\$520+tax=\$554.45

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Emergency Contact: _____

Phone: _____ Cell Phone: _____

Brief Description of Dance Experience (or current DTSW Level):

INJURIES/WAIVER OF LIABILITY/AUTHORIZATION

I understand that there is a risk of potential injury associated with dance classes and performances. I represent that the above named student is in good health and physically capable of participating in dance classes and performances. On behalf of myself and the above named, I hereby waive and release any claim against Dance Theatre of the Southwest Inc., Patricia Dickinson, and their staff, employees, landlord and contractors, arising out of a personal injury occurring in connection with classes, performances or otherwise occurring in or around the dance school. I accept responsibility for obtaining appropriate accident, health, and hospitalization insurance to cover the student in the event of personal injury.

Signature: _____ Date: _____

If I cannot be reached, I authorize you to seek any medical assistance reasonable required in your judgment and agree to be responsible for medical expenses incurred on behalf of the student.

Initial: _____

Please mail this form with payment to: DANCE THEATRE SOUTHWEST,
4200 Wyoming Boulevard NE, Suite B-2, Albuquerque, NM 87111, 505-296-9465