

Monday \$68

5:00 Tap Ballet,Jazz gds 1-5 _____

5:50KinderTap&Ballet,ages 4,5,6_____

6:30/8:00 Jr/Sr Tap, Jazz, Ballet \$88 _____

Monday \$68

4:45 gym beg/int _____

5:35 gym adv _____

6:30 KinderGym ages 4,5,6 _____

Tuesday \$68

5:00 Kinder Tap&Ballet ages 4-6 _____

5:45 Modeling Class ages 6-10 _____

6:30 Modeling Class ages 10-16 _____

6:30 Hip Hop ages 6-10/ \$58 _____

DANCE TEAM tryout classes meet April, 9,10,11,12 \$88

Middle school 4:30_____ High School 6:00_____ SCHS Dance Coach: Ms. Kinney is instructor

P&R Dance & Gymnastics Pre-summer 2012 Registration Form; Begins April 9

Class _____ Day _____ Time _____

PRINT student's name _____ Age _____ DOB _____

PRINT student's home address _____

City _____ zip _____ Home phone _____

PRINT Parent/Guardian students lives with _____ cell phone _____

PRINT Mother's name _____ PRINT Father's name _____

Parent(s) email (PRINT) _____

Emergency contact _____ Phone _____

Person responsible for payment (relationship) _____

The P&R Dance and Gymnastics program and its activities can be dangerous. Your child may be killed or seriously injured, including being paralyzed, brain injured, or crippled while participating in this program. Recognizing those inherent risks associated with this program and still desiring my child to participate, I hereby agree to indemnify, defend, and hold harmless the Georgetown-Scott County Parks and Recreation Department, its facilities, its employees and /or other individuals connected with this program for any damages and /or liability arising out of injury to my child. I further authorize this program's employees to obtain medical attention for my child in case of emergency when a parent or guardian cannot be contacted.

I give permission for pictures and video of my child to be used in advertising and the P&R dance and gymnastics website and Facebook page. I understand that to receive a 75% reimbursement of class fees that I must officially drop by the end of the first class of the 6 week session. Miss Artie or Miss Veronice MUST be notified by the end of the first class.

Date _____**Signature of parent/guardian required****Office use only: Pre-summer Class Fee/s Pd _____****Yearly family membership %25 discount _____ \$10 discount 2nd child and /of class _____****Check# _____ Charge _____ Date _____ registration take by _____**