

The GOLD School

09-10 ADULT CLASS REGISTRATION FORM (8 WEEK SESSIONS)

Name _____

Address _____

City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____ email _____

How did you hear about the GOLD School _____

If a parent of a registered GOLD school student, dancer's name or account name _____

Please check appropriate classes

HIP HOP Wednesdays 7:15-8:15 _____(Session 1) Oct 7,14, 21, 28, Nov 4, 11, 18, 25 (no class), Dec 2 _____(Session 2) Jan 13, 20, 27 Feb 3. 10, 17 (no class), 24 March 3, 10 _____(Session 3) March 24, 31, April 7, 14, 21 (no class), 28 May 5, 12, 19	JAZZ Wednesdays 7:30-8:30 _____(Session 1) Oct 7,14, 21, 28, Nov 4, 11, 18, 25 (no class), Dec 2 _____(Session 2) Jan 13, 20, 27 Feb 3. 10, 17 (no class), 24 March 3, 10 _____(Session 3) March 24, 31, April 7, 14, 21 (no class), 28 May 5, 12, 19
	BODY CONDITIONING Thursdays 6-7 _____(Session 1) Oct 8, 15, 22, 29, Nov 5, 12, 19, 26 (no class) Dec 3 _____(Session 2) Jan 14, 21, 28, Feb 4, 11, 18 (no class), 25, March 4-11 _____(Session 3) March 25, April 1, 8, 15, 22 (no class), 29, May 6, 13, 20

8 Week Program \$85.00 (\$10.00 discount for parents of registered GOLD School students)

Tuition total \$ _____

Credit Card Info:

MasterCard ___ Visa ___

Card# _____ Name on card _____ Expiration Date _____

I, the undersigned, release the Gold School, including instructors and assistants from any and all injuries which I may sustain while training, practicing, and performing or during any event or activity. I also agree that I am responsible for their health and accident insurance and any medical costs incurred due to injury. I also give my permission for emergency medical transportation and treatment at my expense if the need arises. I also give my permission for the public display of any studio pictures that my child maybe in and that I have thoroughly read, understand and agree to the Gold School General Information.

Signature _____ Date _____