

PLEASE PRINT, FILL IN ALL AREAS, SIGN, AND SEND WITH PAYMENT TO:

Summer Session - The Dance Workshop – 9015 West 151<sup>st</sup> Street, Orland Park, Illinois 60462

<b>Class Name</b>	<b>Days</b>	<b>Time</b>	<b>Student's Name</b>	<b>BirthDate: Mo./Day/Yr.</b>	<b>Grade 09/01/06</b>	<b>Class Fee</b>
<b>NOTE:</b> Registration without payment will not be accepted. <i>Instructors subject to change without notice</i>						
Copy of Birth Certificate required for 3 year old						
Phone reservations NOT accepted. No refunds/credits unless class(es) cancelled.				<b>TOTAL DUE/ENCLOSED</b>		\$

I do hereby fully release and discharge The Dance Workshop, its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I (or dependents under 18 years of age) may have or which may accrue to me (or dependents) on account of my (their) participation in the above The Dance Workshop sponsored activities.

I further agree to indemnify and hold harmless and defend The Dance Workshop, its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me (or dependents under 18 years of age) and arising out of, connected with, or in any way associated with these activities sponsored by The Dance Workshop.

Signature

*(Parent's signature if participant is under 18*

Date

Print Signed Name

Student's Address:

Phone Numbers: Home:

Work

CELL: