

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Welcome to our five week 2024 summer session! Classes start Monday July 8th, 2024. If you have a conflict with a time we will try to assist you in the selection of a class that can work with your schedule. **Dance Team Registrations are due by Monday May 20th.**

Please return your completed registration form along with tuition and registration fee (individual fee of \$10 or family fee of \$20). **No refunds will be given.**

Summer tuition rates are listed below:

<b>1 Hour: \$80.00</b>	<b>6.5 Hours: \$305.00</b>
<b>1.5 Hours: \$110.00</b>	<b>7 Hours: \$320.00</b>
<b>2 Hours: \$140.00</b>	<b>7.5 Hours: \$335.00</b>
<b>2.5 Hours: \$170.00</b>	<b>8 Hours: \$350.00</b>
<b>3 Hours: \$200.00</b>	<b>8.5 Hours: \$365.00</b>
<b>3.5 Hours: \$215.00</b>	<b>9 Hours: \$380.00</b>
<b>4 Hours: \$230.00</b>	<b>9.5 Hours: \$395.00</b>
<b>4.5 Hours: \$245.00</b>	<b>10 Hours: \$410.00</b>
<b>5 Hours: \$260.00</b>	<b>10.5 Hours: \$425.00</b>
<b>5.5 Hours: \$275.00</b>	<b>11 Hours: \$440.00</b>
<b>6 Hours: \$290.00</b>	<b>All tuition is capped at \$450.00 a month</b>

\_\_\_\_\_ parent of student- here in after referred to as (student), OR student, 18years of age or older, do hereby acknowledge that any injuries both physical and mental, arising from the students participation in the activities sponsored by Contempro Dance Theatre, are the responsibility of the student & that the student releases all claims for future injury & for damages in connection with any future illness or injury the he/she may suffer as a result of students presence at Contempro Dance Theatre. Student further acknowledges that this release is made without reliance on any statement or representation by Contempro Dance Theatre or its agents, employees, or representatives & this release is made in reliance on students own judgement, belief & knowledge regarding the nature of the activities of Contempro Dance Theatre, the premise where activities are held & students liability therefore.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Student DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Full Name: \_\_\_\_\_ Best Phone Contact #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name & #: \_\_\_\_\_

Email Address: (print clearly)

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