

LCC Youth Dance Classes Sign Up Sheet – Spring 2016

Name: _____ Name of Parent: _____

Phone: (_____) _____ Email: _____

Address: _____

1) In Case of Emergency, Contact: _____ at (_____) _____

2) In Case of Emergency, Contact: _____ at (_____) _____

Age: _____ Height: _____ Hair Color: _____

My child is allergic to: _____

My child's special needs/ medical needs are: _____

Medical Insurance Company: _____ Number: _____

Which Class(es) are you signing up for?

- | | | |
|---|---|--|
| <input type="checkbox"/> Thursday
Creative Movement
11 am – 12 pm
8 classes total \$56 | <input type="checkbox"/> Thursday
Jazz/Lyrical
3:30-4:20 pm
8 classes total \$56 | <input type="checkbox"/> Thursday
Dance for Musical Theatre
4:30-5:20 pm
8 classes total \$56 |
|---|---|--|

Please list any additional special needs or considerations on the back. Anything else I should know?

TERMS: Classes run from April 21– June 9, 2016. Total amount is due on or before the first day of class. There are no refunds or make-ups for missed classes. Students must provide their own footwear (ballet, tap, or jazz shoes as appropriate) and must wear any color appropriate dance attire to class (i.e.-Tights and leotard, unitard, or leggings and non-baggy shirt). Girls' long hair should be pulled into a ponytail/bun. Students arriving more than 10 minutes late to any class will be asked to sit out and observe since they will have missed the warm up. Students dressed inappropriately will not be allowed to participate. Students must be picked up promptly at the end of class. No student will be allowed to leave the campus of LCC without a parent or guardian unless a special arrangement has been made.

Cash or checks accepted. Your spot is not guaranteed until you pay for your classes and turn in an application!

Please make your check payable to "Melanie Heard" Mail to: PO Box 184, Florence, OR 97439

If you have ??'s, contact Melanie at: 541-999-8641 or crowtheatrekids@yahoo.com prior to enrolling your child.

PARENTS PLEASE READ THE FOLLOWING VERY CAREFULLY:

Medical Release: My signature below indicates that I understand that my child is being enrolled in dance classes taught by Melanie Heard at the LCC campus. As parent/ guardian, I understand that should my child need medical attention in an emergency, every effort will be made to contact me. However, in the event that I cannot be reached, I hereby grant permission for Melanie Heard to order emergency medical treatment, x-rays, routine tests, release of any personal contact information, and to arrange for transportation for my child to a medical care facility. In my absence, I hereby give permission for emergency personnel or a physician to provide medical treatment, hospitalization, injection, anesthesia, or surgery, should the situation call for any of these things. I understand that I will be financially responsible for all costs incurred by any medical situation. NOTE: It is strongly recommended that all parents provide medical insurance information above.

General Consent to Enroll: I understand that my child is being enrolled at my and his/ her own risk. In the event of an accident, I hereby consent to hold harmless Melanie Heard and Lane Community College. I hereby waive my right to claims against Melanie Heard and Lane Community College. I understand the class times (above). I will ensure that my child arrives on time and is picked up promptly. I also understand that my child is expected to behave appropriately during all classes, and may be asked to leave class (without a refund) if he/ she is unable to conduct himself/ herself appropriately during the activities. **PHOTO RELEASE:** My signature below allows for my child's photo/image to be used in print, newspaper, or online by Melanie Heard--.

I have read, understand, and agree to all of the above information:

Signature of Parent/ Legal Guardian

Date