

KENT COUNTY PARKS & RECREATION
P.O. Box 67 * Worton, MD 21678
410-778-1986/1948

DANCE CLASS REGISTRATION

Please Check Class: Baby Ballet/Jazz/Tap (Ages 5-8, 6:30-7:30 pm on Tuesdays)
 Kinder Ballet/Jazz/Tap (Ages 9-12, 6:30-7:30 pm on Mondays)
 Youth Hip Hop (Ages 9-12, 6:30-7:30 pm on Wednesdays)
 Teen/Adult Hip Hop (Ages 13+, 7:30-8:30 pm on Wednesdays)

Check Session(s): Fall (\$40) Winter (\$40) Spring (\$40) ALL Sessions (\$100)

PLEASE PRINT CLEARLY

Participant Name: _____ Age: _____ Circle Gender: Male / Female

Mailing Address: _____
Street or P.O. Box (where mail is delivered) City, State, Zip

Home #: _____ Physician Name: _____ Physician #: _____

Email: _____

Mother/Guardian Name: _____
(if under 18 years of age)

Mother/Guardian Cell/Work Phone: _____
(if under 18 years of age)

Father/Guardian Name: _____
(if under 18 years of age)

Father/Guardian Cell/Work Phone: _____
(if under 18 years of age)

Medical/Physical Information – Information used only by instructor for safety and monitoring purposes.

Does the participant have any medical or physical conditions or family history that may inhibit his/her ability to participate? Yes No If yes, please explain: _____

STATEMENT OF RELEASE AND WAIVER

I understand and am aware that any dance class is an intense, cardiovascular activity that requires individuals to be in adequate physical condition. As a participant in the program, I feel that I/my child is in good health and has no condition that could endanger my/his or her well-being through participation. I am hereby waiving and releasing Kent County Parks and Recreation, Leading Lady Enterprises, its officers, directors, employees and agents from any and all claims, costs, liabilities, expenses, or judgments arising out of my/my child's participation. Furthermore, I understand that before starting any program that I should, but am not required to, first visit my/my child's physician for approval and thorough evaluation of my/his or her physical ability to participate. I have read the above release and waiver and my signature reflects that I am in agreement.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(If student under 18 years of age)

STAFF USE ONLY

\$5 Family Discount - Sibling Name(s): _____ (Can't be combined with All Session Discount)

FEE: Fall \$40 Winter \$40 Spring \$40 All Sessions \$100 _____ Date Pd Cash or Ch. # _____ Staff: _____

DATE(S) CONFIRMATION MAILED/PROVIDED _____