

Harbourtown Dance Studio Presents:

March Masterclass Series

736 Main St. Vermilion, OH 44089

Phone: (440) 315-1467

Email: Harbourtowndance@yahoo.com

Harbourtowndancestudio.com Harbourtownfinearts.org

Dancer Name _____ D.O.B. ____/____/____

Parent's or legal guardian's names _____

Street _____

City _____ Zip _____ Home Phone [____] _____

Work Phone [____] _____ Cell Phone [____] _____

Emergency Contact (other than parent) _____ Phone _____

Email _____

Does the student have any ailments or restrictions? Yes / No If yes, please explain:

Choose Masterclass(es)

- Contemporary with Jennifer Kraynik Muselin, March 3rd 1:00-2:30pm
- Hip hop with DeShawn Fowler, March 10th 1:00-3:00pm
- Vaganova Ballet with Niki Celebrezze, March 16th 11:00am-12:30pm
- Partnering Workshop with Ethan Michael Lee, March 16th 1:00-3:00pm

Masterclass Fees: 1 class: \$25 2 classes: \$40 3 classes: \$50 4 classes: \$60

Number of Classes: _____ **Total Payment included:** _____ **Payment method:** cash/check/credit

Release of Liability

As an individual over 18 or legal parent or guardian, I release and hold harmless Harbourtown Dance Studio, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Harbourtown Dance Studio, its owners and operators or in route to or from any of said premises.

Medical Emergency

The undersigned gives permission to Harbourtown Dance Studio, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician _____ be called and that my child be transported to _____ hospital.

I've read all of the above and the Studio Policies and agree.

Signature of parent or legal guardian, if student is under age 18, or student age 18 and older Date ____/____/____