

**CONCORD DANCE ACADEMY STUDENT REGISTRATION FORM 2011-2012
SUMMER SESSION (SEE SESSION DATES BELOW)**

Director - Cindy Flanagan

Student Information:

Name: _____ Address: _____
 City: _____ Zip: _____ E-mail: _____
 Home Phone# _____ Student Cell# _____ Birthdate: ___/___/___ Age: _____ Grade in Fall 11: _____
 Mother/guardian: _____ Work #: _____ Cell _____
 Father/guardian: _____ Work #: _____ Cell _____

Please return form and a **non refundable \$25 registration fee** to: CONCORD DANCE ACADEMY, 26 COMMERCIAL STREET, CONCORD, NH 03301

ANY QUESTIONS? Call the studio: 226-0200, email cdaoffice@aol.com, or visit our website www.concorddanceacademy.com

STUDENT RELEASE FORM

I assume full responsibility and risk of bodily injury for the student enrolled at Concord Dance Academy. Our staff exercises the utmost care in working with the students. Our goal is to provide a safe and accident free environment; however in the event of any bodily injury, I release Concord Dance Academy and the instructors from all liabilities. I have read and voluntarily sign this release form.

Parent/Guardian: _____ Date: _____

FINANCIAL RESPONSIBILITY

I accept full financial responsibility for all related costs during the 2011-2012 dance season at Concord Dance Academy. These costs include registration, monthly tuition, late fees (if applicable), costume expenses, and recital fee expenses. I understand that if my account becomes delinquent, the student will not be able to participate until the account is current. I understand my monthly tuition payment is for the entire month, regardless of the number of classes held. If a class is not held for any reason, no refunds will be given. I understand that the class can be made up in another class if necessary.

Parent/Guardian: _____ Date: _____

PERMISSION FOR RECITAL

I give my permission for the applicant to participate in the Concord Dance Academy recital at the Capitol Center for the Arts. I understand that this involves extra rehearsals and a dress rehearsal prior to the performances.

Parent/Guardian: _____ Date: _____

**COMBINATION CLASSES - All classes are one hour classes
PLEASE CIRCLE YOUR CHOICE**

SIX WEEK SESSION JULY 13 - AUGUST 17		
AGES 3-5 COMBO - Tap, ballet, jazz and tumbling - \$65 WED 5:30-6:30		
AGES 5-6 COMBO - Tap, ballet and jazz - \$65 WED 5:30-6:30		
AGES 7-8 TAP/JAZZ - \$65 WED 4:30-5:30		
AGES 7-8 JAZZ/BALLET - \$65 anyone enrolled in tap/jazz can add last half hour of ballet for an additional \$25. WED 5:00-6:00		
AGES 5-10 HIP HOP (GIRLS AND BOYS) TIME TBA		
ADULT CLASSES (DAYS AND TIMES TBA)		
TAP	BEGINNER TAP	JAZZ
		BALLET

KARATE JUNE 1 - JULY 31 THUR 5:30 (AGES 5-10) THUR 6:30 (AGES 10+)
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INTENSIVE CLASSES JUNE 6-JULY 1 - SESSION 1 (MANDATORY FOR ALL COMP STUDENTS) JULY 18-AUGUST 19 - SESSION 2 (MANDATORY FOR ALL COMP STUDENTS 12 AND OLDER)
TIMES TBA TAP JAZZ LYRICAL CONTEMPORARY BALLET STRENGTH AND CONDITIONING
COMP STUDENTS WILL BE PLACED IN THE REQUIRED CLASSES BY THEIR INSTRUCTORS. DANCERS NOT ON THE COMPETITION TEAM WISHING TO TAKE SUMMER CLASSES WILL BE EVALUATED AND PLACED IN THE APPROPRIATE LEVEL. CIRCLE YOUR INTERESTS ABOVE.