

RETURN to Keith Darby

Registration Form for TJCA Summer School Ballet Program 2017

Student's Name: _____ Grade _____

Address _____

City _____ State _____ Zip _____

Mother's name _____ Cell Phone _____

Father's name _____ Cell Phone _____

E-Mail Address: (required if you have one - newsletters and announcements will be sent by e-mail)

Emergency contact information:

Contact person: _____ relationship _____

Phone # _____ Phone # _____

Dr's name: _____ Phone # _____

Does the student have any special medical considerations? _____

Details: _____

I, the parent or legal guardian of the student listed above, hereby give approval of the student's participation in any and all of Thomas Jefferson Dance Project's programs and activities. I waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and persons involved in the operation of Thomas Jefferson Dance Project's programs, activities and classes for any claims arising out of injury or other loss to named student or any member of his or her family whether as a participant or spectator. **Initials** _____

If medical treatment becomes necessary for the student listed above while participating in activities or classes, I understand every effort will be made to contact me or the above referenced Dr. If we cannot be reached, I give my consent for the emergency room physician to treat my child. **Initials** _____

I give permission for Thomas Jefferson Dance Project to take photos of my child for use on the website and/or fliers in order to promote the studio.
Yes or No Initials _____

_____ **\$50.00 Session A. K thru 2nd June, 13,15,27,29**
9am to 10am

_____ **\$75.00 Session A. 3rd thru 6th June 12, 14, 16,26,28,30**
9am to 10am

_____ **\$50.00 Session B. K thru 6th July 31, August 1, 2, 3, 4**
K thru 2nd.....9am to 10am 3rd thru 6th.....10am to 11am

The Nutcracker

June/Session A

August/Session B

K-2nd Initials _____

K-2nd Initials _____

3rd-6th Initials _____

3rd-6th Initials _____

Payments are non-refundable
Make checks out to : Keith Darby

I agree to pay the total of the following fee before the 6th of June.

Signature of parent or guardian

Date



FIREBIRD

KEEP THIS WITH YOU!

June
Session A

M	T	W	Th	F
12 9 am to 10 am 3rd thru 6th	13 9 am to 10 am K thru 2nd	14 9 am to 10 am 3rd thru 6th	15 9 am to 10 am K thru 2nd	16 9 am to 10 am 3rd thru 6th
26 9 am to 10 am 3rd thru 6th	27 9 am to 10 am K thru 2nd	28 9 am to 10 am 3rd thru 6th	29 9 am to 10 am K thru 2nd	30 9 am to 10 am 3rd thru 6th

7th thru 12th 10:20 am to 12 pm

August
Session B

M	T	W	Th	F
31 9 am to 10 am K thru 2nd	1 9 am to 10 am K thru 2nd	2 9 am to 10 am K thru 2nd	3 9 am to 10 am K thru 2nd	4 9 am to 10 am K thru 2nd
10 am to 11 am 3rd thru 6th	10 am to 11 am 3rd thru 6th	10 am to 11 am 3rd thru 6th	10 am to 11 am 3rd thru 6th	10 am to 11 am 3rd thru 6th

7th thru 12th 11:20 am to 1 pm

Girls

Blk. Leotards
Pink tights
Pink ballet shoes

Dress Code:

Boys

Blk. Pants
Blk. Or Wh. T-Shirt
Blk. Ballet shoes

Kdarby@tjca.org

828.657.9998 ext. 1113