***KICK IT OUT!, LLC SUMMER DANCE CLASS 2016 REGISTRATION FORM AND WAIVER- BOTH FORMS MUST BE COMPLETED!***

Student Name (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summer Class Offerings at Kick It Out! Dance Studio. - There are eight classes in our summer session – schedule is subject to change!**

One hour combo tiny, pre-mini & mini classes $60.00 – Two one hour combo classes $75.00

Forty five minute junior, pre-Teen, Teen and adult classes $57.00 – Two forty five minute classes $72.00 – Three forty five minute classes $82.00 – Four forty five minute classes $90.00

***Families with multiple children registered will receive a $5.00 discount.*** *See our website* [*www.kickitoutdance.com*](http://www.kickitoutdance.com) *for class descriptions.*

**GENERAL CLASS LEVEL GUIDELINES**

* Tiny Dancers = Ages 2.5 –3 Green Level  0 – 3 years of dance training or less
* Pre-Mini Dancers = Ages 4 – 5 Purple Level 4 – 6 years of dance training
* Mini Dancers Ages = 5 – 6 Silver Level  7+ years of dance training or by recommendation
* Junior Dancers = Ages 7 – 10
* Pre-Teen Dancers = Ages 11 - 13
* Teen Dancers = Ages 14-17
* Adult Dancers = Ages 18+

***Monday & Wednesday June 6,8,13,15,20,22,27,29***

***Studio One***

4:15 PM – 5:00 PM Junior Contemporary – Green Level

5:00 PM – 5:45 PM Junior Jazz Green/Purple Level

6:45 PM – 7:30 PM Junior Hip Hop Green/Purple Level

7:30 PM – 8:15 PM Strength & Conditioning Class – Competitive Team

8:15 PM – 9:00 PM Technique, Leaps & Turns Class – Competitive Team

***Studio Two***

4:00 PM – 5:00 PM KIO! Tiny Dancers & Tiny Tap Dancers: Ages 2.5 – 3

5:00 PM – 5:45 PM Junior Ballet Lyrical Green/Purple Level

5:45 PM – 6:30 PM Pre-Teen / Teen Contemporary Purple Level

6:30 PM – 7:15 PM Pre-Teen / Teen Ballet Lyrical Purple Level

7:15 PM – 8:00 PM Adult Hip Hop Green/Purple Level

8:00 PM – 8:45 PM Adult Tap Green/Purple Level

**Tuesday & Thursday 7,*9,14,16,21,23,28,30***

***Studio One***

4:00 PM – 4:45 PM Junior Ballet Green/Purple Level

4:45 PM – 5:30 PM Junior Tap Green/Purple Level

5:30 PM – 6:15 PM Mini/Junior Jazz/Acro Green/Purple Level

6:15 PM – 7:00 PM Junior/Pre-Teen/ Teen Jazz Acro Purple/Silver Level

8:15 PM – 9:00 PM Pre-teen /Teen Jazz & Hip Hop Combo Class Purple/Silver Level

***Studio Two***

4:00 PM – 5:00 PM Pre-Mini Ballet & Tap Combo Green Level

5:00 PM – 6:00 PM Mini Hip Hop & Jazz Combo Green Level

6:00 PM – 7:00 PM Mini Ballet & Tap Combo Green Level

7:00 PM – 7:45 PM Junior/Pre-Teen Boys Hip Hop Green /Purple Level

7:45 PM – 8:30 PM Junior/Pre-Teen /Teen Musical Theater Green/Purple Level

8:30 PM – 9:15 PM Junior/Pre-Teen /Teen Tap Purple Level

CLASSES DESIRED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***SUMMER CLASS REGISTRATION FEES DUE***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment methods accepted are cash, credit card and checks payable to Kick It Out! Class fees are due upon registration. Student must be registered five business days prior to class date. Class max is 10 students so register early for your spot! Schedule is subject to change at director's discretion. Enrollment to SUMMER dance classes are taken in order of receipt, classes may be combined if necessary. CLASS FEES ONCE PAID TO KICK IT OUT!, LLC ARE NON-REFUNDABLE/NON-TRANSFERRABLE AT ANY TIME! A Kick It Out!, LLC Release and Waiver of Liabilities must be filled out, signed and returned before student is able to participate in any Kick It Out, LLC classes or events! Please e-mail kickitout@att.net for additional forms. IN THE EVENT A CLASS IS CANCELED AT DIRECTOR DISCRETION, STUDENTS WILL RECEIVE NOTIFICATION OF MAKE-UP TIME/DATE IF POSSIBLE. No refunds or make up classes if missed due to illness or other circumstance. Kick It Out!, LLC reserves the right to refuse enrollment or services to anyone at any time for any reason. Schedule is subject to change

PARENT/GUARDIAN SIGNATURE/PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL EMERGENCY CONTACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Kick It Out!, LLC Release and Waiver of Liabilities – One waiver may be signed to cover multiple students in a family.**

**Name of Student(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Indicated in the space below are any pre-existing health problems or conditions suffered by said student(s) of which Kick It Out!, LLC should be aware (such as medical, allergy, muscular issues, pregnancy, diabetes, epilepsy, chemical or neurological conditions, special medications, heart, back, knee or shoulder problems, etc.). I understand that risk of injury is inherent in any physical activity and I, on behalf of myself and or my said student(s), knowingly and voluntarily accept that risk. I, the undersigned, for myself and my heirs, administrators, successors, assigns and executors hereby waive, release and indemnify Kick It Out!, LLC along with its directors, instructors, independent contractors, staff and agents from any and all claims or damages of any kind, both foreseeable and unforeseeable, arising out of said student(s)’s participation in any program or event offered by Kick It Out!, LLC. This shall include, but not be limited to, participation in any classes, competitions, evaluations and travel to any events, competitions or classes held by Kick It Out!, LLC. I further certify that the aforementioned student(s) is/are in proper physical condition to participate in any program offered by Kick It Out!, LLC and that said student(s) has/have been examined by a licensed physician and found to be in proper physical condition to participate in any program offered by Kick It Out!, LLC. I hereby authorize Kick It Out!, LLC and its directors, instructors, independent contractors or agents to obtain medical treatment for said student(s) in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services as may be necessary for my said student(s). I understand I am responsible for any medical expenses in the absence of adequate medical insurance and that the absence of medical insurance does not make Kick It Out!, LLC responsible for payment of any medical expenses whatsoever related to said student(s). This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a limited power of attorney and shall remain in effect for one year from the date signed below or so long as said student(s) is/are enrolled in any program offered by Kick It Out!, LLC.

I hereby give permission for Kick It Out!, LLC to use any photography and or video of my said student(s) from events held within the studio or at functions hosted offsite by the studio for promotional and /or advertising purposes, including picture postings on the internet and social media. I have read and understand all rules and regulations of Kick It Out!, LLC and hereby assume all responsibility of said student(s) or participant(s).

PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(If student is 18 years of age or older please sign and print name on form for self)***

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS SIGNATURE (Must be 18 years of age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY INFORMATION:

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company and Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to medications and medications currently taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional Health Information or Pre-Existing Conditions including Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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