



Dancing by His Grace

Registration Form:

Please be sure there is a separate registration form for each dancer in the same family

Dancer's name _____

Parent's name _____

Address _____

Phone Number _____

Email _____

Dancing by His Grace

Summer 2022 Programming:

Please check all camps that you wish to register your dancers for:

FAMILY NAME: _____

Please Check Appropriate Program Amount x Number of Dancers

Fairies of Ballet - June 27, 2022 - July 1, 2022

Beginner: 12pm - 1pm \$60.00 x _____

Intermediate/Advanced: 1pm - 3pm \$90.00 x _____

Royal Dancers - July 11, 2022 - July 15, 2022

Beginner: 12pm - 1pm \$60.00 x _____

Intermediate/Advanced: 1pm - 3pm \$90.00 x _____

A Garden of Ballet - July 25, 2022 - July 29, 2022

Beginner: 12pm - 1pm \$60.00 x _____

Intermediate/Advanced: 1pm - 3pm \$90.00 x _____

Technique Week: Footwork and Strength (Int/Adv)

July 5th - 8th from 1pm - 3pm \$150.00 x _____

Technique Week: Petit Allegro (Int/Adv)

July 18th - 22nd from 1pm - 3pm \$150.00 x _____

Technique Week: Turns and Jumps (Int/Adv)

August 1st - 5th from 1pm - 3pm \$150.00 x _____

Discount for each additional child 10% _____ Total

Total Due: \$ _____

Living by His Grace Ministries

Waiver of Liability / Acknowledgment of Risk

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury and, in rare circumstances, death. I agree to release and hold harmless Living By His Grace Ministries, including its teachers, dancers, staff members, and facilities from any cause of action, claims, or demands now and in the future. I will not hold Living By His Grace Ministries liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I understand that I should be aware of my, and/or my child's physical limitations and agree not to exceed them. If I am signing this waiver for my child, I certify that I am the parent or legal guardian and have the right to waive these rights.

Parent/Guardian Signature _____

Date _____

Living By His Grace Ministries Photo & Video Release

I authorize and agree that Living By His Grace Ministries may take and use photographs/videos of me and/or my child for purposes of record keeping, advertising, and marketing. I understand that I do not have any rights to these photographs/videos and will not be compensated for the same.

Parent/Guardian Signature _____

Date _____