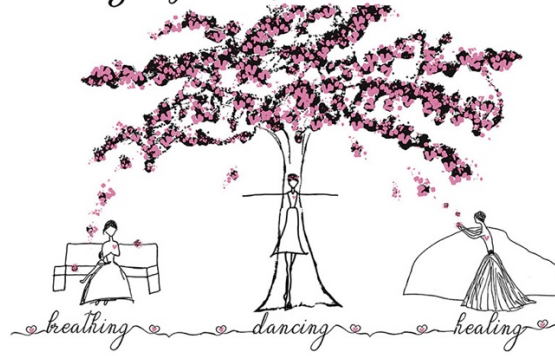


*Living By His Grace Ministries*



**2021/2022 Dancing By His Grace School Year Registration Form #2**

**(There must be a separate registration form for each member of the same family.)**

Dancer's Name: \_\_\_\_\_

Please write number of classes per week in each category and total:

30 minutes \_\_\_\_\_ \$ \_\_\_\_\_

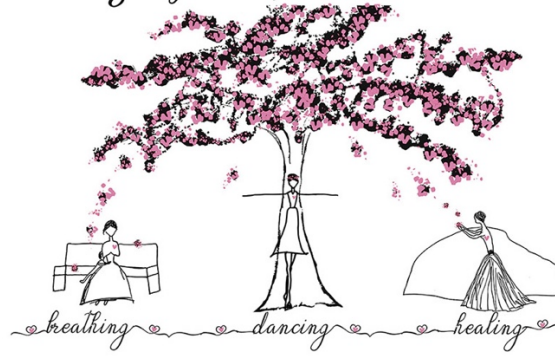
45 minutes \_\_\_\_\_ \$ \_\_\_\_\_

60 minutes \_\_\_\_\_ \$ \_\_\_\_\_

**Family discount for each additional child:** \$ \_\_\_\_\_

**Total Program Fees** \$ \_\_\_\_\_

*Living By His Grace Ministries*



**2021/2022 Dancing By His Grace Program Fees**  
The School Year Runs from September 13, 2021 - June 16, 2022

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V/Ujktv"Hgg"/"&37" rgt"uvwfgpv"\*vq"dg"rckf"wrqp"tg i kuvgtkpi+""  
Rgthqt o cpeg"Hgg"/"&72" rgt"uvwfgpv"\*vq"dg"rckf"d{ "Qevqdg"37."4242+"

52" Okp"Encuu"/"  
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67" Okp"Encuu"/"  
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- 3+ Vjgtg" y knn"dg" c"32 ' "fkueqwpv"hqt" gcej" c f fkvkqpcn"hc o kn{ " o g o dgt0"
- 4+ Cnn" Tg j gctucnu"ctg" rctv"qh" { qwt"hggu."uq"v j gtg" y knn"dg"pq"gzvte"hggu"cuuqekcvgf" y kvj"tg j gctucn"encuugu0"
- 5+ Cnn"uvwfgpvu" o wuv"y gct" c"uvwfkq"v/u j ktv"cpf"ngi i kpiu"hqt"eq o o wpkv{ "gxpvu."wpnguu" c"equvw o g"ku"urgekkg f0"
- 6+ Yg" y knn"jcxg" i wguv"vgcejgtu"v j tqw i j qwv"v j g" { gct."cpf"v j gtg" y knn"dg" c f fkvkqpcn"hggu" hqt"v j gug"encuugu0"
- 7+ Rquukdng" equvw o g"hggu."dvw"mgrv"vq" c" o kpk o w o "cu" y g"eqpvkpwg"vq" i tqy "qwt"equvw o g"nkdtct { 0"

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 \_\_\_\_\_