

Registration Form

Victoria – Spring 2024 Apr 22-May 31

First Name: Last Name:			
	Email:		
	City:		
I would like to be invited to join Moo	oonDance e-news for info on upcoming wor onDance on Facebook: ☐ Yes ☐ No for videos of me/my child(ren) to be used by	and/or Twitter: \square Yes	s 🗖 No
Class(es): (check all that apply	y) 6 weeks, Apr 22 – May 31		
Dance Victoria, 111-2750 Qua	adra St.:		
>> Kids Studio classes: Mon. 3:00–3:45pm Creative Fri. 10–10:45am Tot & Me I Fri. 10:45–11:15am Creative	Dance for 5–10 yr olds ☐ Fri. 7:00 Dance for 1–3 yr olds	tudio class (live dru)–8:00pm Adult We	٥,
•	Dance? Friend Monday Maga	_	
☐ Performance ☐ Times Colo	onist \square Other (or Friend's name):		
Comments/Suggestions (including	ng suitable times/days for class):		
be placed on a waiting list, fees are no insufficient registration, or for medical	to minimum and maximum numbers of part of processed until a space is available. There al reasons. A signed form is required of each activity and can occur without fault on eithe	e will be no refunds unlo n individual who particip	ess the class is cancelled due to pates in the program. Accidents
priate safety precautions and will attempt activities include, but are not limited to: u participation involves some risk, and that against MoonDance Dynamic Arts Schoo damage, injury, or expense that I may suf movement, and that the staff of MoonDan	I am accepting risk of an accident occurring. More to minimize any associated risks. Examples of the nusual pain or discomfort, such as from stubbed my participation is voluntary. I hereby agree to voluntary and to release the School, its officers, employed fer as a result of voluntary participation in the place Dynamic Arts School has the right to stop me brain, discomfort, fatigue, or any other symptoms agreement.	he types of injury that may toes, injuries resulting from waive any and all claims the tes, and representatives from program. I agree to seek class from doing exercise that t	occur while participating in these in human error. I am aware that my lat I have or may in the future have im my and all liability for any loss, arification of the proper method of they feel would be harmful to me. I
Signature	nt/Guardian if under 18)	Date	
By agreeing to this document you	will waive certain legal rights, including	g the right to sue.	
TOTAL	\$ Fees: Kids \$66 (6 classes). Ad	ults \$96 (6 classes). (no	tax)