

**SIX WEEK SESSION (12 CLASSES) \$300.00  
(NO REGISTRATION FEE)**

**ON RECEIPT OF YOUR REGISTRATION AND PAYMENT WE WILL SEND YOU A CLASS CARD VALID FOR  
TWELVE (12) CLASSES FOR THE CORE BALLET/BALLET FUNDAMENTALS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

WE SEND OUT CLASS SCHEDULE CHANGES VIA E-MAIL, PLEASE ENTER YOUR E-MAIL ADDRESS BELOW IF YOU WOULD LIKE TO BE CONTACTED VIA E-MAIL.

E-Mail Address: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**ALL TEEN AND ADULT STUDENTS MUST AGREE TO THE FOLLOWING:**

Minnesota Dance Theatre & the Dance Institute and its employees are not liable for injuries sustained or illnesses contracted by the class participants.

In the event that Minnesota Dance Theatre & the Dance Institute or Hennepin Center for the Arts (HCA) has the student's participation recorded on film, video or photographed on television, in printed material or elsewhere, I hereby expressly consent to the use by Minnesota Dance Theatre & the Dance Institute or HCA without limit to the time or number of repeat showings or usages of any part of or all programs in which the students participated.

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: (print clearly): \_\_\_\_\_ Date: \_\_\_\_\_

If the student is under 18 years of age:

Parent's Signature: \_\_\_\_\_

Parent's Name (print clearly): \_\_\_\_\_ Date: \_\_\_\_\_