SPIRITED SOLES IRISH DANCE ACADEMY

STUDIO LOCATION: 6 LIBERTY WAY, NIANTIC

MAILING ADDRESS: 204 GREAT NECK ROAD, WATERFORD, CT 06385

PHONE: 860-303-7678

FALL REGISTRATION FORM

NAME:_____DOB:_____

ADDRESS:_____; CITY_____ZIP:_____

PHONE:_____; EMAIL:_____

Please Indicate Class(es); day(s) and time(s) (see attached)

NEW MONTHLY TUITION RATES:

REGISTRATION FEE: $50 ($100 FAMILY MAX)

LATE FEE: $25 (AFTER 10TH OF MONTH); BOUNCED CHECK $35

30 Minute Classes: $50 per month; 45 Minute Classes: $65 per month
1 Hour Classes: $75 per month; 2 Classes: $150 per month
3 Classes: $205 per month (all classes are weekly)

RELEASE: I understand that participation in this/these programs involves risks of personal and bodily injury, including but not limited to paralysis, heart attack, and death as well as damage to property. I realize activities may be inherently dangerous and my decision to participate in all such activities is made in full recognition of these risks and is entirely voluntary. In consideration of my acceptance of these application, I agree for myself, my heirs, successors and assigns to hold harmless Spirited Soles, LLC, its affiliates, subsidiaries, and any other entity associated with this/these programs, and each of the directors, officers, agents, representatives, employees, volunteers, successors, and assigns from all liability on account of injury, loss claim or damage to my body, health, well-being or property. I further authorize the personnel to act for me in accordance to their best judgment in any emergency requiring medical attention. I understand that I am responsible for all financial liabilities arising from a situation involving medical treatment. I agree that the terms of this release is applicable to any and all of my dependents that take part in these programs/activities.

SIGNATURE:_____DATE:_____