

HESTER ACADEMY OF IRISH DANCE 2021-2022 REGISTRATION FORM

Dancer(s): _____

Dancer's Age(s): _____

Dancer's Date of Birth: _____

Parent/Guardian Name (First and Last): _____

Email: _____

Phone: _____

Address: _____

Yearly Registration Fee: \$35 per family

Tuition is charged September through June (to be paid on the first of each month through Cash, check (made out to Hester Academy) or Venmo @James-Hester-5.

*There will be no deductions for scheduled off days/holidays. If we are closed due to inclement weather, JJ will do his best to reschedule the class. If JJ closes due to illness or personal reasons, a deduction will be given for that class.

Group 1: Beginner and Advanced Beginner

1 class per week=45 minutes-\$60/month

2 classes per week=1 hour and 30 minutes- \$95/month

Group 2: Novice

1 class per week= 1 hour- \$70/month

2 classes per week=2 hours- \$105/month

Group 3: Prizewinner, Prelim, Open

1 class per week=1 hour and 30 minutes- \$95/month

2 classes per week=3 hours- \$135/month

Deduct 10% for each additional sibling.

**Please put an X for each child dancing next to their group
(please ask JJ if you are unsure of your group):**

_____ Group 1. _____ Group 2. _____ Group 3

Please put an X next to One Class a week option or Two Classes a week option:

_____ One Class a week. _____ Two Classes a week

MEDICAL

Please inform me of any medical related issues, allergies, or special needs your child may have prior to their attendance to class.

EMERGENCY CONTACT

Name: _____

Phone: _____

Relation to child: _____

PICK UP PERMISSION

Please list all people who have permission to pick up your child from dance class (parents, babysitters, grandparents, step-parents etc.).

LIABILITY RELEASE/PHOTO RELEASE I, the undersigned parent/guardian, release The Hester Academy of Irish Dance and the Ice House Facility (200 Southern Boulevard Camden-Wyoming, Delaware) from liability for any bodily injury that may result from participating in classes. I permit the Hester Academy of Irish Dance to seek medical treatment as deemed appropriate through EMS/911 and or local hospitals. The Hester Academy of Irish Dance has my permission to photograph my child for social media advertising, website content, etc. I also release The Hester Academy of Irish Dance from any liability should me or my dancer become ill due to COVID-19. I understand the risks and I am allowing my child to participate in this activity despite the risks.

Parent/Guardian Signature: _____

Date: _____