

Best Foot Forward Dance Company

ADULT CLASSES

★ 6 Week Session - TAP, \$35

DATES: August 31 - October 5, 2021

Class Time: **Tuesdays, 8:00pm - 8:30pm**

Tap shoes required.

★ 6 Week Session - LYRICAL, \$35

DATES: October 12 - November 16, 2021

Class Time: **Tuesdays, 8:00pm - 8:30pm**

Suggested footwear: Modern lyrical shoes, or barefoot.

★ Hip Hop Mini Session, \$20

DATES: November 30 - December 14, 2021

Class Time: **Tuesdays, 8:00pm - 8:30pm**

Clean Sneakers Required.

★ 6 Week Session - TAP, \$35

DATES: January 4 - February 8, 2022

Class Time: **Tuesdays, 8:00pm - 8:30pm**

Tap Shoes Required.

★ 6 Week Session - LYRICAL, \$35

DATES: February 15 - March 29, 2022

****No class during spring break****

Class Time: **Tuesdays, 8:00pm - 8:30pm**

Suggested footwear: Modern lyrical shoes, or barefoot.

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★ 6 Week Session - HIP HOP, \$35

DATES: April 5 - May 10, 2022

Class Time: **Tuesdays, 8:00pm - 8:30pm**

Clean pair of sneakers required.

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ADULT STUDENT REGISTRATION FORM

Ages 18 and up.

NO EXPERIENCE REQUIRED, the adult lessons are beginner to intermediate level classes.

NO PERFORMING REQUIRED! NO COSTUME FEE!

(Please Print)

Dancer's Name _____
Dance Experience: Yes / No Where: _____
Dancer's Birthday _____
Email (*Reqd.) _____
Home address: _____
Your Phone Number: _____
Emergency Contact: _____
Emergency Contact Phone Number: _____
Secondary Emergency Contact: _____
Secondary Emergency Contact Phone Number: _____

Class Options

(Please see descriptions at www.bffdancecompany.com)

Please Place an "X" next to the classes you are registering for:

_____ August 31 - October 5, 6 Week TAP Session, \$35
_____ October 12- November 16, 6 Week LYRICAL Session, \$35
_____ November 30 - December 14, 3 Week HIP HOP Session, \$20
_____ January 4 - February 8, 6 Week TAP Session, \$35
_____ February 15 - March 29, 6 Week Lyrical Session, \$35
_____ April 5 - May 10, 6 Week Hip Hop Session, \$35

Tap shoes are required for tap classes.
Clean sneakers are required for hip hop classes.

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INSURANCE/LIABILITY RELEASE

- ◆ I have read and agree to abide by Best Foot Forward Dance Company policies regarding monthly payments, late fees, costumes, attendance, etc.
- ◆ I understand that once I begin the session, the session is non - refundable whether or not I show up to class.
- ◆ I understand that Best Foot Forward Dance Company reserves the right to refuse instruction to anyone not abiding by Best Foot Forward Dance Company policies.
- ◆ I understand that Best Foot Forward Dance Company is not responsible for any lost items, stolen items, or unclaimed merchandise.
- ◆ I understand that participation in a dance program involves risk and possible injury. I understand that Best Foot Forward Dance Company and its staff will not be held responsible for injuries or any illnesses sustained in class, while performing, or while traveling to or from facilities.
- ◆ I authorize Best Foot Forward Dance Company and its staff to secure any emergency medical treatment I may need in the event of an emergency. I also understand that Best Foot Forward Dance Company will not be held responsible for any medical bills affiliated with a health or medical emergency while participating in classes at Best Foot Forward.
- ◆ I allow Best Foot Forward Dance Company to use dance class photography likeness in all forms and media for advertising, trade, or any other lawful purpose.
- ◆ Are there any medical conditions, Best Foot Forward Dance Company staff should be aware of?
Please list below:

I hereby give my permission for the above-named student to participate in lessons (on and off of premises), parades, dress rehearsals, performances, and shows put on by Best Foot Forward Dance Company with the knowledge that he/she is only covered by our own personal or family health insurance coverage. We, the undersigned, feel we have adequate insurance protection for the above named student, and will assume ALL responsibility for any medical bills affiliated with injuries received from practicing or participating in related activities for Best Foot Forward Dance Company.

Date _____

Your Signature (REQUIRED) _____

Witness Signature (REQUIRED) _____