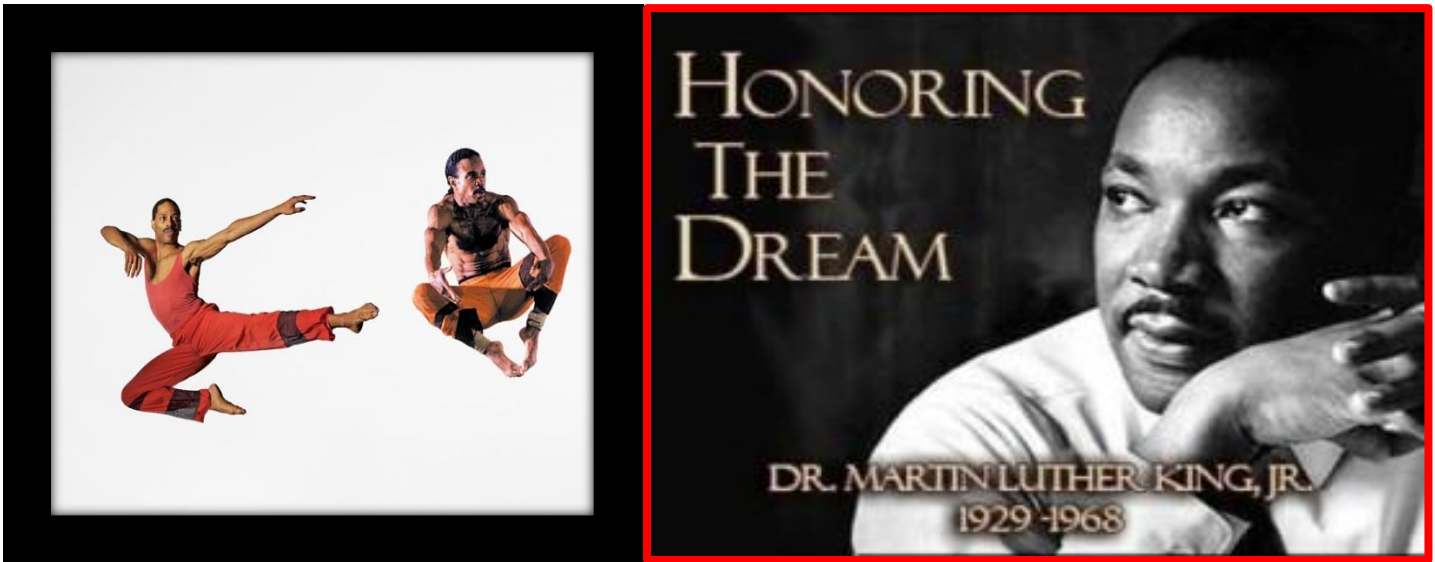


Garth Fagan DANCE SCHOOL

Celebrate Dr. Martin Luther King, Jr. with the
GARTH FAGAN DANCE DAY OF FREE CLASSES
MONDAY, JANUARY 16, 2017



Day of Free Class Schedule & Registration

11:00 am – 12:00 pm Youth 5 -7 years
12:15 pm – 1:30 pm Youth 8-12 years
12:15 pm – 1:45 pm Beginners/Teen Adults (13 years+)
2:00 pm – 3:30 pm Intermediate (13 years+)
2:00 pm – 3:30 pm Over 30 / Adult Community

● **Space is Limited - Pre-registration is strongly advised** ●

Go to www.garthfagandance.org , call the Garth Fagan Dance office at (585) 454-3260,

Or complete registration form and fax to (585) 454-6191



**FREE DAY OF CLASSES
HONORING
DR. MARTIN LUTHER KING, JR.
MONDAY, JANUARY 16TH, 2017**

PLEASE FILL OUT FORM *PRINTING* ALL INFORMATION LEGIBLY. FAX TO (585) 454-6191. THANK YOU.

Student Name _____ Age: _____
Parent Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Primary Phone: _____

RELEASE

VERY IMPORTANT: If the student has a medical condition of which we need to be aware, such as allergies, daily medications, disabilities etc., please indicate this in the space provided below:

STUDENT /PARENTAL AGREEMENT

I, _____ (*adult student*), give consent for myself (age 18+) or my child _____ (*youth student*) to take part in all Garth Fagan Dance school classes and activities, as well as performances outside of Garth Fagan Dance property under proper supervision and on behalf of myself, child and my heirs, executors and assigns, I release and agree to indemnify and hold harmless Garth Fagan Dance and its officers, agents and staff from any and all claims, demands, causes of action, suits, losses or damages resulting from or arising out of my child's participation in Garth Fagan Dance school classes and performances, including without limitation all claims, demands, causes of action, suits, losses, or damages due to my child's injury or death during his/her participation in the classes and performances. I have provided the staff with any pertinent information regarding the health of my child including but not limited to allergies, previous or existing illnesses or condition, long term medications, disability or limiting conditions or emotional, development, or behavioral challenges. I agree to notify Garth Fagan Dance School immediately of any change of address, telephone numbers, place of employment, emergency contact, etc. I understand that by not providing the above information, I may put myself/ child's health and safety at risk. Garth Fagan Dance may use or reproduce any written material submitted by the students and all photographs or videos taken of the Garth Fagan Dance students, without mutual agreement or compensation. Images may be reproduced for publicity or advertising by Garth Fagan Dance or its agents.

Parent/Guardian Signature: _____

Student Signature: _____