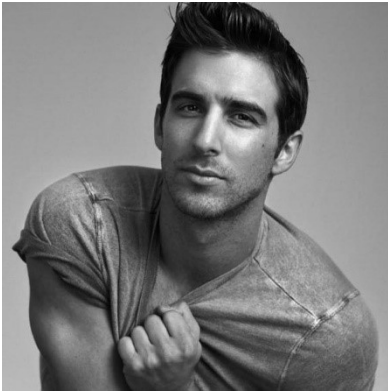


# Master Class with CODY GREEN



5129 West Chester Pike  
Newtown Square, PA 19073  
610-325-2003  
angelabatesdanceacademy.com



Join us for fabulous master classes with Mr. Cody Green! All dancers are welcome regardless of where you train! Share with your friends!!!!

Thursday September 7<sup>th</sup> 5:30pm-9:30pm at the Angela Bates Dance Academy for ages 10 and above of Intermediate/Advanced Levels.

Cost is \$45 per dancer.



## Master Class Registration Form

Cody Green is coming to ABDA!! We are super excited to open this opportunity to dancers from all over the area! These amazing classes will take place on Thursday, September 7, 2017 from 5:30pm-7:30pm for intermediate dancers ages 10-13 and from 7:30pm-9:30pm for advanced dancers ages 13+ (dance experience is required). The cost per class is \$45 per dancer. To register, please complete both sides of this Registration Form and return or mail to the studio along with your full payment (cash or check only). Please submit one form per student. No student will be permitted to participate in the class without a signed registration form and waiver. Contact us if you have any questions. Master Class payment must be received to hold your place. All fees are non-refundable.

Student First/Last Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Are there any health concerns or allergies the studio and staff should be aware of?  No  Yes

If yes, please explain: \_\_\_\_\_

Are you a current ABDA student?  No (please fill out the info below)  Yes (If the info below is already correctly on file with us, no need to complete the info below. If any info has changed, please fill in the fields that need to be updated)

Mother's First/Last Name: \_\_\_\_\_ Father's First/Last Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Student's Cell: \_\_\_\_\_ Main Email Address: \_\_\_\_\_

Home Street/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Names and Contacts: \_\_\_\_\_

Previous Dance Training - Studio/Teacher/# of Years: \_\_\_\_\_

**Please check off which class you are attending:**

Check	Class	Date	Time	Cost
<input type="checkbox"/>	Intermediate Master Class ages 10-13	Thursday, September 7 <sup>th</sup>	5:30p-7:00p	\$45 per dancer
<input type="checkbox"/>	Advanced Master Class ages 13+	Thursday, September 7 <sup>th</sup>	7:30p-9:30p	\$45 per dancer

<b>TOTAL AMOUNT ENCLOSED: \$_____ Please check one</b>	
<input type="checkbox"/> Checks Payable to "Angela Bates Dance Academy"	CHECK # _____
<input type="checkbox"/> Cash – Please obtain a receipt	RECEIPT # _____



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## ABM Productions, LLC and the Angela Bates Dance Academy Liability Waiver and Consent

I, \_\_\_\_\_, natural parent and/or Guardian of \_\_\_\_\_ (child), hereby acknowledge that certain risks of injury are inherent to participation in these dance related physical activities. These risks and dangers may be either caused by the action, inaction or negligence of the participant and others. There may be other risks not known or reasonably foreseeable at this time. I accept and assume such risks and responsibility for the losses and/or damages following such injury, however caused, and whether caused in whole or in part by the negligence of the named student above. If the student has a temporary restriction (sickness, sprain, soreness, etc.) I will inform the appropriate instructor on a daily basis in writing. I agree that the student and I will abide by the rules, regulations and policies of the Angela Bates Dance Academy ("ABDA"). I consent to the student's participation in ABDA physical programs, classes and activities. Recognizing the possibility of physical injury associated with these programs, classes and activities, and in consideration for ABDA accepting the student for its programs, classes and activities, I hereby release, discharge, indemnify, and hold harmless ABDA, its affiliated organizations, and their employees, teachers/subcontractors and associated personnel from and against any and all claims by or on behalf of the student as a result of the student's participation in the programs, classes and activities.

In my absence, I also request ABDA, through its staff, to obtain emergency medical care in the event that such care is necessary or appropriate in the opinion of the staff for the benefit of the student due to accident or illness. I agree to pay any treatment costs directly to the hospital, physician, or laboratory providing such care upon presentation of the bill to me.

Any disputes regarding the student's participation at ABDA and/or this Waiver shall be governed by the laws of the Commonwealth of Pennsylvania, and the Court of Common Pleas of Delaware County, PA shall have exclusive jurisdiction.

Photo/Video Release - I, the undersigned, give permission for ABDA and their staff to photograph/video the above-named student during classes or performances to be used for studio displays and promotional material such as all forms of social media.

- Yes, I give ABDA and their staff permission to photograph/video the above-named student.
- No, I do NOT give ABDA and their staff permission to photograph/video the above-named student.

Parent/Guardian Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_