

HEY, I'D LIKE FOR YOU TO TRY MY DANCE CLASS!!

I like my dance class at Dance Arts so much that I'd like for you to come with me and see if you'd like to enroll in the class(es) also. **Come with me during the week of October 19th to the 22nd.**

My _____ class meets on (Day) _____ (Time) _____.

If you'd like to come with me, all you have to do is have your Mom, Dad or Guardian sign this form and bring the bottom half with you when you come to class. **Don't forget to bring it – it's a MUST!** It's as easy as that! Then if you think that dancing at Dance Arts is something you'd like to do, have your Mom, Dad or Guardian call my school at 413-568-8527 or email it at dancearts95a@gmail.com and see if you can get enrolled.

Now we're going to be dancing, so you need to dress comfortably like maybe a t-shirt and stretchy shorts and wear some socks or slippers that will allow you to move but will not let you slip and slide all over the place or you can go barefoot SAFETY FIRST!! Me, I'll be wearing leotard, tights and dance footwear 'cause I'm already signed up and that's what a dancer wears to class. You might want to secure your hair away from your face this is another one of those SAFETY FIRST things (my teachers are big on that)!!

Ok, don't feel like "I haven't danced before, what can I do?" LOTS!! My teachers will see to it. Now don't expect to learn it all in one night 'cause it ain't gonna happen. You take dance classes, just like we go to school, to learn. From September to February my teacher teaches the technique of dance for my age and experience level and then when the end of February comes, we begin putting all that technique to the music they've selected for us to dance to at our big show in May.

So, I hope you can make it.....come be a STAR with me!!! (Name of student) _____

**** Dance Arts, 95A Mainline Dr, Westfield, MA 01085**

****Dance Arts *Bring A Friend to Class***

I _____ am giving permission for my son/daughter
_____ to attend a TRIAL CLASS at ** Dance Arts with
_____. I understand that by signing this permission slip, I am
releasing ** Dance Arts. and its representatives from liability due to any injury of the above named participant.
Since dance is a physical activity, injuries may occur. I also authorize ** Dance Arts to act upon my behalf in
the event of an emergency should I not be available when treatment is needed.

Signature of Authorized Person _____

Telephone Number _____ Date _____

Address _____

City _____ State _____ Zip _____

Doctor's Name _____

Is the participant allergic to or taking any medications? _____
