

OLIVIA CECE & ASHLEY AQUILO WORKSHOP

AUGUST 7 - 8

10:00 AM - 1:00 PM

STUDENT LAST NAME: \_\_\_\_\_ STUDENT FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PARENT CELL: \_\_\_\_\_

FOOD ALLERGIES: YES/NO (PLEASE SPECIFY): \_\_\_\_\_

I GIVE PERMISSION FOR DANCE EVOLUTION TO USE MY CHILD'S PHOTOS AND VIDEOS ON ITS WEBSITE, INSTAGRAM AND FACEBOOK PAGES. YES/NO

**SIGNATURE:** \_\_\_\_\_

PLEASE PROVIDE AN EMAIL IN CASE DANCE EVOLUTION NEEDS TO UPDATE ANY INFORMATION RE: THE WORKSHOP: \_\_\_\_\_

I AGREE THAT ALL PARTIES THAT TAKE THIS WORKSHOP ARE VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES AND USE OF SAID PARKING LOT, ACTIVITIES AND FACILITIES. I/WE ASSUME ALL RISK OF INJURY, DAMAGE OR ILLNESS. I AGREE THAT I HAVE READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY.

THE COST OF THE WORKSHOP IS \$175.00 OF WHICH A NON-REFUNDABLE \$50.00 DEPOSIT IS DUE AT THE TIME OF SIGNING UP IN ORDER TO RESERVE YOUR DANCERS SPOT.

CREDIT CARD INFORMATION:

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

CC# \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

SECURITY CODE \_\_\_\_\_

**I AGREE TO THE ABOVE INFORMATION. SIGNATURE OF PARENT OR GUARDIAN:**

\_\_\_\_\_

Wednesday August 7th-

10:00 - 11:30 Contemporary with Olivia - Rm 1 ages 13 & Over

10:00 - 11:30 Tap with Ashley - Rm 2 ages 12 & Under

11:30 - 1:00 Contemporary with Olivia - Rm 1 ages 12 & Under

11:30 - 1:00 Tap with Ashley - Rm 2 ages 13 & Up

Thursday August 8th-

10:00 - 11:30 Jazz Theatre with Olivia - Rm 1 ages 12 & Under

10:00 - 11:30 Hip Hop with Ashley - Rm 2 ages 13 & Up

11:30 - 1:00 Jazz Theatre with Olivia - Rm 1 ages 13 & Up

11:30 - 1:00 Hip Hop with Ashley - Rm 2 ages 12 & Under