

Please return the form below with payment and waivers to Sole Expressions Dance Studio
 1201 North Main St. Suite 8
 Viroqua, WI 54665

Register for the level you were in for the 2023-2024 dance season.

Please send registrations at least 2 weeks prior to class starting.

Please make checks payable to: Sole Expressions Dance Studio

Refunds will be given for any classes that don't meet the minimum number of students.

Student Name/s: _____

Parent/Guardian Name: _____

Student/s Age: _____

Best number to contact during camp/class: _____

*Please check the box to the left for the classes you would like to register for.

X	Class Name	Dates	Amount	Bundle	Total \$
	My Grown Up and Me	June 6, 13, 20	\$45		
	My Grown Up and Me	July 15, 22, 29	\$45		
	Rainbow Rhythm Trolls age 4-8	June 5	\$25	Or all 4 classes of 1 age group for \$85	
	Rainbow Rhythm Trolls age 9+	June 5	\$25		
	Barbie Dreamland Bash age 4-8	June 19	\$25		
	Barbie Dreamland Bash age 9+	June 19	\$25		
	Moana's Island Adventure age 4-8	July 3	\$25		
	Moana's Island Adventure age 9+	July 3	\$25		
	Dive into Dance with Nemo age 4-8	July 17	\$25		
	Dive into Dance with Nemo Age 9+	July 17	\$25		
	Pinkalicious age 3-4	August 6th	\$15	Or all 4	

	Rock & Troll ag3 3-4	August 13	\$15	classes for \$50	
	Princess Party age 3-4	August 20	\$15		
	Cool Cat ag3 3-4	August 27	\$15		
	Sampler age 4-6	August 7 & 8	\$30		
	Sampler age 7-9	August 7 & 8	\$30		
	Sampler age 10+	August 7 & 8	\$30		
	Hip Hop Level 1	June 24 & 26	\$20		
	Hip Hop Level 2 & 3	June 24, 26 & 27	\$30		
	Hip Hop Level 4 +	June 24, 26 & 27	\$30		
	Contemporary/Lyrical Combo	June 10	\$20		
	Contemporary/Lyrical Combo	June 17	\$20		
	Contemporary/Lyrical Combo	June 24	\$20		
	Choreography	July 24th	\$20		
	Turns and Jumps and Leaps Level 1 & 2	June 12	\$20	Or all 3 classes for \$50	
	Turns and Jumps and Leaps Level 1 & 2	July 10th	\$20		
	Turns and Jumps and Leaps Level 1 & 2	August 14th	\$20		
	Turns and Jumps and Leaps Level 3 & 4	June 12	\$20	Or all 3 classes for \$50	
	Turns and Jumps and Leaps Level 3 & 4	July 10	\$20		
	Turns and Jumps and Leaps Level 3 & 4	August 14	\$20		
	Turns and Jumps and Leaps Level 5-7	June 12	\$20	Or all 3 classes for \$50	
	Turns and Jumps and Leaps Level 5-7	July 10	\$20		
	Turns and Jumps and Leaps Level 5-7	August 14	\$20		
	Pre Pointe/Pointe	June 17th	\$10	Or all 7	

	Pre Pointe/Pointe	June 26th	\$10	classes for \$60	
	Pre Pointe/Pointe	June 27th	\$10		
	Pre Pointe/Pointe	July 10th	\$10		
	Pre Pointe/Pointe	July 17th	\$10		
	Pre Pointe/Pointe	July 24th	\$10		
	Pre Pointe/Pointe	August 14	\$10		
	Paint and Dance Level 1 & up	June 24th	\$25	Or all 3 classes for \$65	
	Mixed Media and Dance Level 1 & up	June 25th	\$25		
	Fiber Art and Dance Level 1 & up	June 26th	\$25		
	Choreography/Intro to Improv Level 2 & up	July 17th	\$20		
	Yoga Flow Level 2 and up	July 15, 16, 17	\$30		
	Yoga Flow Level 2 and up	August 5, 6, 7	\$30		
	Turn Workshop Level 2 & 3	August 5	\$20		
	Turn Workshop Level 4 & up	August 5	\$20		
	Tricks and Lifts Level 2 & 3	August 7	\$20		
	Tricks and Lifts Level 4 & up	August 7	\$20		
	Total Amount \$				\$

Notes: Allergies, medical conditions, etc.

WAIVER AND RELEASE OF LIABILITY

I, _____ [print your name] have chosen to

have my child(ren) _____ [print child's name],

_____ [print child's name],

_____ [print child's name],

_____ [print child's name],

participate in dance instruction given by Sole Expressions Dance Studio Cooperative and agree as follows: I am aware of the risks inherent in dancing. Injuries might result from direct trauma, or overuse, of feet, ankles, lower legs, low back, hip, and neck. Injuries might include stress fractures, tendon injuries, meniscus tear of the knee, sprains and strains. Additionally, slips and falls on a hard floor may cause injuries to the face including broken teeth. I am aware of the risk that these and other injuries might be caused by the negligence of teachers and staff members of Sole Expressions Dance Studio Cooperative.

I acknowledge and am aware of the contagious nature of COVID-19 and voluntarily assume the risk that we may be exposed to or infected by COVID-19 by participation. This exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while at Sole Expressions Dance Studio Cooperative may result from the actions, omissions, or negligence of ourselves and others, including, but not limited to Sole Expression Dance Studio Cooperative employees, volunteers, and program participants and their families.

I, on behalf of myself and my child(ren), hereby release, waive and discharge Sole Expressions Dance Studio Cooperative, its teachers and staff members, from liability for negligence causing personal injury, death, or property damage to my child while participating in dance instruction including events held outside the studio. I have considered that without this waiver of liability, the cost for my child's/children's use of the facility and participation in the dance class would be considerably higher and as I do not wish to pay a considerably higher cost, I waive the right to bargain for different waiver of liability terms. I freely choose to sign this release and pay the fee to enroll my child(ren) in the dance class.

Signature of Parent or Guardian: _____

Date: _____

Agreement to Follow Policies Form

I/We agree to read and follow the facility policies including prompt payment and understand the curriculum of Sole Expressions Dance Studio Cooperative. I/We take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Sole Expressions Dance Studio Cooperative. The policies can be found on our site at www.soleexpressions.org on the studio policies tab. A hard copy can also be obtained at the studio. My signature is proof of my intention to execute a complete and unconditional agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation. I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING. Signature of Parent or

Guardian: _____ Date: _____

Dancer's Name: _____

Photo and Video Release Form

I authorize and agree that Sole Expressions Dance Studio Cooperative, Hazel Media, LLC, Kristina Olson Photography, and Artistic Video Productions may take and use photographs or videos of myself or my child as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for the same. My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation. I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

Signature of Parent or Guardian: _____

Date: _____

Dancer's Name: _____