

Stillwater Area Community Services Center Inc.

Where Stillwater Comes Together

P.O. Box 536; 19 Palmer Street, Stillwater NY, 12170

Phone 518-664-2515; Fax 518-664-3590; www.stillwaterareacommunitycenter.org

Dance and Tumbling – Registration Form

Student's Last Name (please print): _____ First Name: _____

Age as of October 1, 2011: _____

Health limitations of participant: _____

Parent/Guardian Name(s): _____

Street and Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

How did you hear about this class? _____

Completed registration forms and payment must be brought or mailed to the Community Center at the above address. Registration forms can not be faxed. Monthly fees are due on or before the first class of each month. The fees can be submitted to Kathi Messoré, dance program director, or directly to the main office. Please make checks payable to "SACC." For questions, call Kathi at 664-2515 x 49.

<u>Classes start week of October 3</u>	<u>Fees</u>	<u>Payment</u>
<u>Classes</u> (check mark the class(es) of interest)	Annual Registration Fee:	\$20
<input type="checkbox"/> 1 hour/week of Dance (Mon. or Fri., 6-7 p.m.)	\$35/month (beginner)	_____
<input type="checkbox"/> 1 ½ hours/week of Dance (Wed. or Thurs, 6-7:30 p.m.)	\$40/month (interm/advanced)	_____
<input type="checkbox"/> 1 ½ hours/week of Tumbling (Tues. or Thurs., 6-7:30)	\$35/month	_____
<input type="checkbox"/> 1 hour/week Dance and 1 ½ hours/week Tumbling	\$60/month	_____
<input type="checkbox"/> 1 ½ hours/week Dance and 1/1/2 hours/week Tumbling	\$70/month	_____
Second child rate - \$10/month discount	TOTAL:	_____

Required Waiver of Liability: As consideration for being permitted to participate in activities sponsored by the Stillwater Area Community Services Center, Inc. (SACC), and/or using SACC equipment, each participant agrees to assume all liability for injury and/or damage resulting from such participation. Each participant further agrees to hold SACC and the Town of Stillwater free and harmless on account of any injury and/or damage incurred as a result of any act of omission or commission or negligence on the part of said organizations or its officers, agents, volunteers, instructors, or representatives.

I give permission for my child to receive emergency treatment in case I cannot be located. Initials: _____

I give permission for photos of my child to be taken and posted for publicity purposes. Initials: _____

Signature of Parent/Guardian: _____ Date: _____

Office use only

Fee Paid: Cash: \$ _____ Check #/Amount: _____ Date Paid: _____