

ADULT CLASS REGISTRATION FORM

Session: Spring 2020
 Dates: January 6th – May 2nd, 2020



Date: _____ Student Name: _____ Student DOB: _____

Class title	Day of the week	Time

Payment Selected:

COST	amount	# of classes	EXPIRATION DATE
\$	\$15	1 single class	These packages expire SIX (6) MONTHS after date of purchase.
\$	\$70	5 class package	
\$	\$130	10 class package	
\$	\$200	16 class package	
\$	\$360	30 class package	
\$	I am participating in the Work/Study Program, my total will be \$0		
\$	I am participating in the Work/Study HALF Program, my total will be "half" of the package sum		
\$	OPTIONAL: I would like to add a donation to support a dancer who cannot afford classes (this can even be just an additional dollar or two)		
\$	TOTAL DUE (please note: no refunds or transfers for class fees, please also note expiration date above)		

INITIALS	STUDENT AGREEMENTS
	Keshet reserves the right to cancel any class if 5 or fewer students are enrolled
	Keshet will not allow a student to participate in classes for which they are tardy by 15 minutes or more.
	Keshet reserves the right to refuse admittance of the student to any class for which they are unqualified or inappropriate for due to age, level, or any other reason decided upon by Keshet staff.
	Keshet is not responsible for injuries sustained during class sessions, rehearsals, or performances.
	Appropriate, comfortable, and moveable clothing is to be worn. No jeans or khakis are allowed in class.
	There is a \$25 fee for all returned checks.

Each student must have an "Information, Agreement, & Releases Form" (IAR) completed and signed prior to attending class.

Please select one:

<input type="checkbox"/>	I am a RETURNING student , and have already filled out an IAR. All releases/waivers agreed to are still valid.
<input type="checkbox"/>	I am a NEW student and therefore have ATTACHED my IAR form to this registration. (If you are registering online and cannot access the IAR, please complete prior to your first class. Arriving early the day of is fine!).

If you are a **RETURNING student** with an IAR already on file, please confirm and/or update the following info:

MY ADDRESS: same / change to: _____
 MY PHONE: same / change to: _____
 MY EMAIL: same / change to: _____
 MY EMERGENCY CONTACT: same / change to: _____
 MY MEDICAL INFORMATION: same / change to: _____
 MY EMPLOYER INFO: same / change to: _____

I have read, understood, and agree to all of the information above. **SIGNATURE:** _____

Admin use only, initial when complete / updated 7.29.2019

____ IAR reviewed & attached _____ W/S pkg purch in MB
 (new student only)

Accepted by: _____
 _____ Entered in MB
 _____ Entered in Google Form/Altru

Please check ALL that apply: CS - Adult _____ Adaptive _____ Camp _____ Work/Study _____