

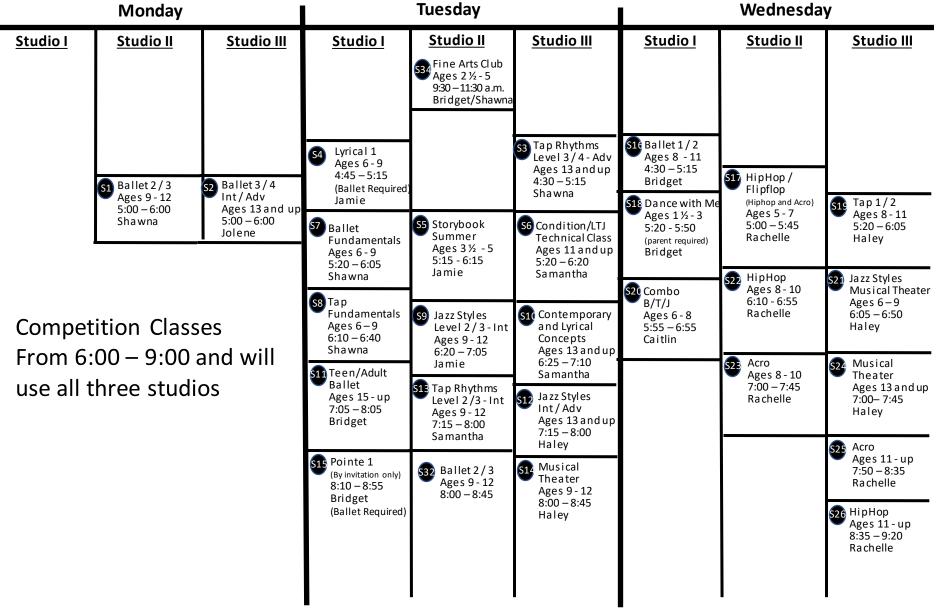
Summer 2023 Schedule

Wednesday, July 5, 2023 – Tuesday August 15, 2023

6 Week Program

SCHEDULE SUBJECT TO CHANGE





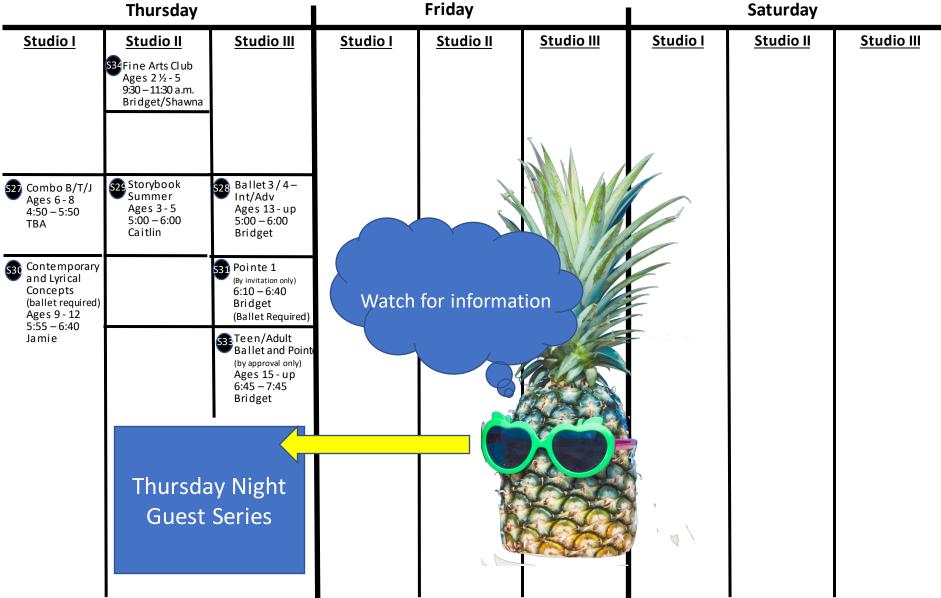


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6 Week Program SCHEDULE SUBJECT TO CHANGE







Summer 2023 Dance Season Registration Form

101 Oakes Road, Broadview Heights Ohio - 440-838-1809

Student name	Age	Phone Number
Address	Email	

Summer 2023 Dance – July 5th, 2023, thru August 15th , 2023

We are excited about our 2022-2023 dance program. Please visit our updated website at, <u>www.interpretationsda.com</u> and check out the offerings

The table below contains the tuition rates for our Summer 2023 Session. The summer session is a 6 week program that begins July 5th 2023.

The tuition is based on the total number of hours your student spends in class each week. For example, if your student takes one 45-minute class and one 1-hour class each week then tuition for the month would be based on a total classroom time of 1 hour and 45 minutes, which, based on the chart below would be 10 installments of \$138. This amount is for the entire 6-week session.

Hours		Minutes			
	:00	:15	:30	:45	
0			\$57	\$72	
1	\$89	\$105	\$122	\$138	
2	\$158	\$177	\$194	\$212	
3	\$227	\$245	\$260	\$260	
4	\$276	\$276	\$293	\$293	
5	\$308	\$308	\$308	\$308	
6+	\$315	\$315	\$315	\$315	
Class Name		Class Day	Class Duration		
Class Name		Class Day Class Duration			
Class Name		Class Day Class Duration			
Class Name		Class Day Class Duration			
Class Name		Class Day Class Duration			
Class Name		Class Day Class Duration			
Class Name		Class Day Class Duration			
			Class Duration		
			Total Duration		
Checks should be made payable to Interpretations Dance Academy, or you can register online at		Tuition Installment Amount			
www.interpretationsda.co card.	•		First installment Due		
Parent Signature			Date		

Printed Name

Interpretations Dance Academy reserves the right to use photos and videos of our students, classes and performances for marketing, website and other advertising purposes.



HEALTH SCREENING FORM

101 OAKES RD. • BROADVIEW HTS., OH 44147 • (440) 838-1809

Welcome to Interpretations Dance Academy. We "thank you" for choosing our Studio to begin your dance education and/or exercise fitness program. For our knowledge and for your safety, please completely fill out the following confidential form.

Date		E-mail Address						
Address			Phone					
City			. Sta	ate		Zip C	ode	
1. Name	EIDST	LAST	Age		Birthdate	e		
2. Name		LAST	Age		Birthdate	e		
3. Name	FIRST	LAST			Birthdate	e		
4. Name		LAST	Age		Birthdate	e		
		of an emergency?			Phone			
Name				Phone				
Physician's N	Physician's Name			Phone				
		ny medications (If yes,	· ·					
•		nad within the last year is. We do not need info			family me	embers		
1. History c	of heart proble	ems? If yes, please spe	cify.					
2. High blo	od pressure?							
3. Rheuma	tic fever?				□.			
4. Blood clo	ots?							
5. Muscle,	joint or back p	problems that could be						

- Aggravated by physical activity?
- 6. Arthritis or osteoporosis?

		Yes	No	Name of Person			
7.	Allergies?						
8.	Asthma?						
9.	Diabetes?						
10.	Recent surgery within the past three (3) months?						
	If yes, please specify						
11.	History of lung problems?						
12.	Cigarette smoking habit?						
13.	Obesity (more than 20 pounds overweight)?						
14.	High blood cholesterol?						
15.	Shortness of breath, dizziness, blurred vision						
	or fainting?						
16.	Epilepsy?						
17.	Do you have any condition not listed?						
	If yes, please specify						
18.	What regular activities do you presently do?						
To the best of my knowledge all of the above answers are true and correct. If I have any changes or new conditions in my health or medications, I will promptly inform Interpretations Dance Academy personnel and remove myself from all classes until I present Interpretations Dance Academy with a medical clearance from my physician . I understand , however , that by my continued participation , Interpretations Dance Academy accepts no responsibility and I will remain fully and solely responsible for any injury or damage.							
I accept full and sole responsibility for any personal injury or property damage which may result from my participation in Interpretations Dance Academy's exercise or dance programs, whether under an instructor's supervision or on my own. I fully release Scott and Jolene McPherson and all employees and instructors from all responsibility or liability for any such injury or damage. I will indemnify and hold harmless the persons released above from all claims or actions in any way related to my participation and I will not bring or cause to be brought any such claim or action against such persons. In addition, I release Interpretations Dance Academy' s owners and instructors from any and all liability for unintentional exposure or harm due to COVID-19.							
	e ———— Signature —— _{(GU}	ARDIAN'S SIGNATL	IRE IF UND	ER 18 YEARS OF AGE)			
PLEASE UPDATE EVERY YEAR BY SIGNING BELOW:							
Dat	e Signature	ARDIAN'S SIGNATU	RE IF UNDI	ER 18 YEARS OF AGE)			
Dat	e Signature	ARDIAN'S SIGNATL	RE IF UNDI	ER 18 YEARS OF AGE)			
Dat				ER 18 YEARS OF AGE)			
Dat				ER 18 YEARS OF AGE)			
	(GU	ARDIAN'S SIGNATU	RE IF UND	ER 18 YEARS OF AGE)			