

**BROADWAY SACRAMENTO**  
**Application for**  
**ON YOUR FEET! Dance Class**  
**Location: Sierra Two/Studio Two**  
**2791 24<sup>th</sup> Street, Sacramento**  
**Ages: 12 to Adult**  
**Fri. Nov. 2, 2018 4:00 p.m. to 5:30 p.m.**  
**Fee: \$35.00 single, \$25.00 group of 5 or more**

For office use only:

Account #: \_\_\_\_\_

Payment: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_ In roster: \_\_\_\_\_

E-Mail conformation: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Name (if under 18): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Please list any medical conditions/medications about which we should be aware:

\_\_\_\_\_

**Dance Experience:**

Style	Studio	Years of Training

---

**Release of Liability**

I, \_\_\_\_\_, hereby release Broadway Sacramento and its instructors from any and all liabilities incurred while I attend the program.

**Authorization to Reproduce Physical Likeness**

I, \_\_\_\_\_, expressly grant to Broadway Sacramento and to its employees and agents the right to photograph, film or videotape my image and to use the resulting images in media promoting Broadway Sacramento and its activities.

I further grant the right to record and reproduce my voice and all instrumental, musical and other sound effects produced by me. I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof.

\_\_\_\_\_  
Participant's or Parent Signature (if under 18)

\_\_\_\_\_  
Date

**Important Note: Cash, Check or Credit Card.** Make checks payable to *Broadway Sacramento* and return application with payment, by mail or e-mail as soon as possible to: *Broadway Sacramento, c/o Education Dept, 1510 J Street Suite 200, Sacramento, CA 95814. jlewis@broadwaysacramento.com 916-446-5880 ext. 147.*