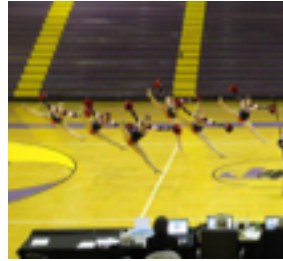
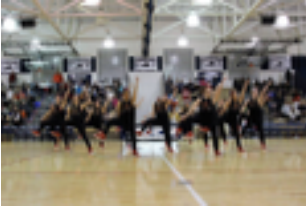


## "Break It Down" 2017 REGISTRATION FORM



Designed for dancers in grades 7<sup>th</sup> - 11<sup>th</sup> to help prepare to be on a high school dance team or help build dance team skills. We will focus on Pom, Jazz, High Kick, and Hip Hop styles. We will also focus on dance team style turns, leaps, jumps, and overall technique required to be on a high school dance team. Taught by Coach, Caitlin Childress of the WTW Varsity Dance Team (a 2017 National Finalist in Pom, Jazz, and Hip Hop) with assistance from our graduating seniors.

**Dates: Tuesdays , April 18- May 16th**

**Time: 4:00pm - 6:00pm**

**Cost: \$150.00 (cash/check) - Due on the 1<sup>st</sup> day of Break it Down (April 19th)**

\* A \$25 fee will be charged for all returned checks\*

**Please make checks payable to:**

**"Woodson High School Precisionettes"**

**Class held at:**

Woodson High School Dance Studio

9525 Main Street

Fairfax, VA 22031-4099

(dance studio is located on the left hand side of the building)

Questions? Contact Beth Fraser at [hokiebeth@aol.com](mailto:hokiebeth@aol.com)

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dancer's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell Phone (dancer and parent): \_\_\_\_\_

Email (dancer and parent): \_\_\_\_\_

Do you have any injuries, aches or pains? (Recent or old) Please describe.

\_\_\_\_\_

\_\_\_\_\_

Are there any other health concerns such as Asthma, Diabetes, or High Blood Pressure? Are you on any medications? \_\_\_\_\_

\_\_\_\_\_

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

Phone (home and cell): \_\_\_\_\_

**STUDENT RELEASE:** Dancing is a strenuous activity from which injuries could arise. Break It Down and the instructors are NOT LIABLE for personal injuries, loss of, or damage to personal property. Each student may decline to participate in any activity. Please inform instructor of any physical limitations you may have. If you are in doubt as to your physical abilities, please consult your physician before participating.

I have read and understand the studio policies, and I agree to the payment for this session.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_