

## 6 Week Session Class Descriptions

All classes are subject to class minimums

### Kindersteps™ I (Ages 2-3)

This class, taught by Ms. Cathy, teaches basic motor, dance and social skills in a fun and nurturing environment using movement, music, instruments and a variety of equipment. This class does not participate in our year end recital.

\*Wednesdays 10:15 - 11:00 am

**COST:** \$65/ 6 week session  
\$55/ 6 week session (If you have 1 or more dancers enrolled at Edgewater)

\*\*\*To sign up for 6 week session class(es) please fill out bottom of this page (front and back) along with payment and send it to **Edgewater Dance, LLC, 22 Balsam Dr., Gilford, NH, 03249. (Please make checks payable to Edgewater Dance, LLC)**

\*\*\*Edgewater reserves the right to cancel any classes that don't meet the minimum requirement of 5 registrants

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### 6 Week Session Registration

Please print.

STUDENT'S FULL NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ CLASS TYPE \_\_\_\_\_

2ND STUDENT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ CLASS TYPE \_\_\_\_\_

3RD STUDENT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ CLASS TYPE \_\_\_\_\_

ADDRESS \_\_\_\_\_ NH \_\_\_\_\_  
STREET APT # CITY ZIP

HOME PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

\*\*\*BELOW FOR MINOR CHILDREN ONLY\*\*\*

\_\_\_\_ Parent 1 : \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_ Parent 2 : \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**\*PLEASE TURN OVER AND SIGN ACCIDENT WAIVER/MEDICAL RELEASE ON THE BACK OF THIS PAGE**

**EDGEWATER DANCE, LLC  
ACCIDENT WAIVER & MEDICAL RELEASE (Minor Child)**

I, \_\_\_\_\_, the undersigned parent or legal guardian of my participating minor, \_\_\_\_\_, acknowledge that dance, yoga, Kindergym and/or Kindersteps are athletic activities and carry the risk of physical injury. This risk is inherent to participating in any and all dance, yoga, Kindergym and/or Kindersteps class(es).

I hereby agree to assume all of the risk of my child's participation in dance, yoga, Kindergym and/or Kindersteps class(es) for as long as they are a student at EDGEWATER ACADEMY OF DANCE.

I acknowledge that this Accident Waiver form will govern my actions and responsibilities as the parent/legal guardian of my participating child.

In consideration of my child participating in dance, yoga, Kindergym, and/or Kindersteps at EDGEWATER ACADEMY OF DANCE, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to Waive, Release, and Discharge from any and all liability for personal injury or disability EDGEWATER DANCE, LLC, and its subcontractors.

I have made known to EDGEWATER DANCE, LLC any special physical conditions or prior injuries that may limit my child's participation in dance, yoga, Kindergym and/or Kindersteps class(es).

I hereby consent to medical treatment for my child, which may be deemed advisable in the event of injury, accident, or illness. Any expenses incurred for medical treatment shall be borne by the child's family.

This Accident Waiver and Medical Release shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law.

I hereby certify that I have read and understand the above....

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**Signature of Parent/Guardian**

**Date**

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**EDGEWATER DANCE, LLC  
ACCIDENT WAIVER & MEDICAL RELEASE  
(ADULT)**

I, \_\_\_\_\_, the undersigned acknowledge that dance, and/or yoga are athletic activities and carry the risk of physical injury. This risk is inherent to participating in any dance, and/or yoga class.

I hereby agree to assume all of the risk of my participation in dance, and/or yoga class for as long as I am a student at EDGEWATER ACADEMY OF DANCE.

In consideration of my participating in dance, and/or yoga at EDGEWATER ACADEMY OF DANCE, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to Waive, Release and Discharge from any and all liability for personal injury or disability EDGEWATER DANCE, LLC, and its subcontractors.

I have made known to EDGEWATER DANCE, LLC any special physical conditions or prior injuries that may limit my participation in dance, and/or yoga class.

I hereby consent to medical treatment, which may be deemed advisable in the event of injury, accident, or illness, if I am unable to speak for myself. Any expenses incurred for medical treatment shall be borne by myself.

This Accident Waiver and Medical Release shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law.

I hereby certify that I have read and understand and agree to the above....

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**Signature of Participant**

**Date**