

2020-2021 DANCE ENTRY FORM

Class time _____

Brookhaven Dance Academy Brookhaven Recreation Department

NAME	AGE	DATE OF BIRTH		
PARENT'S NAME	TELEPHONE (HOME)	(WORK)	(CELL)	TEXT
MAILING ADDRESS	CITY		ZIP	
YEARS OF DANCE	TIME OUT OF SCHOOL	GRADE ENTERING		
SCHOOL	EMAIL ADDRESS			

\$10.00 REGISTRATION FEE (due with form) FEE PER MONTH (Due at first lesson of each month)

All times, fees and apparel needed for classes are inside the Brookhaven Dance Academy pamphlet. All prices are based on hours taking. If you danced with BDA last year please check with office before marking an age group. You may not be in same class as your age. Any questions Laura (instructor) 601-320-8552

First Class – Monday, August 31 Payable to: Brookhaven Recreation Dept.

Core Classes:

____ Age 3 & 4 (tap, ballet) \$50.00 month
45 minutes a week

____ Age 5-6 (tap, jazz, ballet) \$60 month
One hour a week

Must take a core class to get add on prices.

____ Age 7-9 (tap, jazz, ballet) \$70 month
One hour 15 minutes a week

____ Age 10-13 Tap/Jazz/Ballet \$90 month
(2 days a week (one hour each day))

____ Age 14- up Tap/Jazz/Ballet \$90.00 month
2 days a week (one hour each day)

Optional Classes to take or to add on to core classes:

____ Rec Hip Hop (Age 8-12) \$50.00 month
45 minutes a week

____ Add on \$20.00 per month

____ Rec Acro Dance \$85.00 Month
Age 7 & up One hour and 30 minutes each week

____ Add on \$45.00 per month

Must be able to push up in a backbend with arms locked out, split, front roll correctly not falling hard, cartwheel landing on feet

____ Pointe' 1 Add on only \$25.00 per month
One hour each week

Must be approved by Mrs Laura or Mrs Julia to take these classes.

____ Pointe' 2 Add on only \$35.00 per month
One hour and 15 minutes each week

Required attire and shoe fittings are to be ordered by BDA. Please send a text to 81010 and text message @bdastu for fitting days and times.

RELEASE, PHOTO AGREEMENT, PAYMENT AGREEMENT BY PARENT OR GUARDIAN

I _____, AM THE NATURAL PARENT AND/OR
PARENT
GUARDIAN OF THE MINOR CHILD _____ WHOSE
BIRTHDAY IS child _____.

BIRTHDAY
BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN AND ITS
DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO PARTICIPATE IN THE
FOLLOWING RECREATIONAL ACTIVITY, TO-WIT:

DANCE

I DO HEREBY, ON BEHALF ON MY MINOR CHILD, RELEASE SAID CITY AND
DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY, (OR ANY LIABILITY
WHICH MAY RESULT THEREFROM) WHICH SAID CHILD MAY EXPERIENCE OR SUFFER FROM
WHILE PARTICIPATING IN OR ATTENDING A RECREATIONAL ACTIVITY SPONSORED,
OPERATED OR CREATED BY SAID CITY AND DEPARTMENT. I FURTHER RECOGNIZE AND
ACKNOWLEDGE THAT THE SAID CITY AND DEPARTMENT WILL PROVIDE NO HEALTH AND
ACCIDENT INSURANCE FOR MY CHILD TO COVER MY CHILD FROM BODILY INJURY HE/SHE
MAY SUFFER WHILE PARTICIPATING IN THE CITY AND DEPARTMENT RECREATIONAL
ACTIVITIES. I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS
TERMS. THE RECREATION DEPARTMENT OR CLASS INSTRUCTORS HAS PERMISSION TO USE
ANY PHOTOGRAPHY TAKEN DURING THE CLASSES FOR PUBLICITY PURPOSES. I AGREE TO
PAY MONTHLY TUITION UNTIL I HAVE NOTIFY THE RECREATION DEPT. IN WRITING. I HAVE
READ AND AGREE TO THE BROOKHAVEN RECREATION DEPARTMENT POLICY THAT IS
ATTACHED.

SIGNED _____ DATE _____