

# 2022-2023 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 week of classes – August 8      Payable to: Brookhaven Recreation Dept.

\_\_\_ Age 3 & 4 (tap, ballet) \$55.00 month (45 minutes a week)

\_\_\_ Age 5-6 (tap, jazz, ballet) \$80 month (one hour 15 minutes)

\_\_\_ Age 5-6 (Ballet only) \$65. month (one hour)

\_\_\_ Age 7-9 (tap, jazz) \$65 month (one hour) \$30.00 add on class

\_\_\_ Age 7-9 (Beginner Ballet only) \$65(one hour)

\_\_\_ Age 9-12 (Advance Ballet only) \$80 (one hour 15 minutes)

\_\_\_ Age 9-12 Advance Tap/Jazz \$80 month (one hour 15 minutes) \$30.00 add on class

\_\_\_ Age 7-12 Rec Acro Dance \$90.00 Month (one hour 30 minutes) Add on class \$35 per month

### Add on Class:

\_\_\_ Jazz      \_\_\_ Tap      \_\_\_ Pointe      \_\_\_ Hip Hop      \_\_\_ Acro

**Required attire and shoe fittings are to be ordered by BDA. Fitting on July 18,19,28 from 5:00 – 7:00 PM at Recreation Department Department.**

**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 \_\_\_\_\_