

# TYLER MCKENZIE

FROM **HAMILTON**

## BROADWAY MASTERCLASS

GRADES 8 - 12	JANUARY 21	5:00PM - 6:30PM	\$20 per person <small>FREE for students enrolled in Drowsy</small>	<small>Please Check</small> <input type="checkbox"/>
GRADES 4 - 7	JANUARY 21	6:30PM - 8:00PM	\$20 per person	<input type="checkbox"/>

**PLEASE NOTE:** All participants should come to the Masterclass in appropriate dance wear including dance shoes and should bring a bottle of water.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Cell: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_

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

Student Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**Important Information:** I do hereby release the Coral Springs Center for the Arts and all other instructors and students in any capacity for any liability due to injuries, etc. that I may obtain as a result of my attendance or participation in any and all workshops at The Center or any special event associated with this class. I clearly understand that participating in this class may involve dance and bodily exercise and movement with vigorous activity. I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to participate in the class/es for which I have registered and that I have medical coverage or the personal means to cover the expenses related to any injury that I might receive as a result of participation.

Your permission is granted for student to be photographed and/or recorded for promotional purposes. All recordings including video, audio, still picture, motion pictures of any event including but not limited to recitals, rehearsals, classes, demonstrations, workshops, and productions will remain property of NSB. All students participating in the Workshop are doing so at their own risk. By signing and paying the tuition you agree to all that is outlined in this contract.

**Payment Information:**

Credit Card Number: \_\_\_\_\_

CVV #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

--OR--

Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_

**PARENT'S/ADULT STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_