

**Sleepy Hollow Performing Artists Fall 2016 Workshop Registration**  
**362 N. Broadway, Sleepy Hollow, NY 10591**  
**e-mail: [contact@shpacenter.com](mailto:contact@shpacenter.com)**  
**(914) 909-5070**  
**(914) 909-5072 FAX**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Student's Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

**Please select the appropriate workshop for your grade**

Check Here	Grade	Day	Time	Class	Dates
	PreK & K	Friday	4:00 – 5:00 PM	Ballet/Hip Hop	Dates: 10/28, 11/4, 11/11, 11/18, 12/2
	1st & 2nd	Thursday	4:00 – 5:00 PM	Breakdance	Dates: 10/27, 11/3, 11/10, 11/17, 12/1
	2nd & 3rd	Monday	4:00 – 5:00 PM	Hip Hop	Dates: 11/7, 11/14, 11/21, 11/28, 12/5
	4th & 5th	Thursday	6:00 – 7:00 PM	Theater Jazz	Dates: 10/27, 11/3, 11/10, 11/17, 12/1
	5th & 6th	Friday	4:00 – 5:00 PM	Hip Hop	Dates: 10/28, 11/4, 11/11, 11/18, 12/2
	7th & 8th	Monday	6:00 – 7:00 PM	Turns & Jumps	Dates: 11/7, 11/14, 11/21, 11/28, 12/5

**TERMS/CONDITIONS**

**THIS CONTRACT IS SUBJECT TO THE TERMS, CONDITIONS, AND POLICIES STATED HERE.**

- **Waiver:** I understand that participating in various types of dance and movement involves the inherent risk of physical injury and by participating in Sleepy Hollow Performing Artists (SHPA), I assume all risk of damage and injury. I agree to release, promise not to sue, and forever discharge SHPAC and their trustees, directors, officers, agents and employees from arising in tort or contract, including but not limited to, claims for: negligence, damage to person or property, compensatory or punitive damages; lost wages; equitable relief; and attorney's fees. This is a release to promise not to sue not only with respect to my rights but also the right of my child/ward.
- SHPA photographs and videotapes its students in class and performance, and occasionally uses these photographs and videotapes in its advertising and promotion. By signing this contract and enrolling your child at SHPA, you agree that your child's picture/video may be taken and that you consent to the use of these pictures and videos by SHPA for promotional purposes.

I UNDERSTAND AND ACCEPT ALL THE TERMS AND CONDITIONS OF THIS CONTRACT, INCLUDING THE STIPULATION THAT TUITION IS NOT REFUNDABLE FOR ANY REASON.

PARENT'S  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_