



# DANCE CLASS AT MISSION

Give your child the opportunity to enjoy teamwork, build confidence, self-discipline and school spirit. This dance workshop will run for 6 days and will focus on Ballet and Jazz while teaching the art of dance.

*\*\*Ballet or Jazz shoes are required*

**Grades K-4**

**Class: 6/19, 6/20, 6/21, 6/26, 6/27, 6/28**

**12:00 p.m. - 12:45 p.m.**

**Tuition is \$50/6 classes**

*Cash or check will be accepted. Make checks payable to Rhonda Olvera.*

*Payment is due on or before the first class, 6/19 /18.*

FOR QUESTIONS EMAIL MRS. OLVERA [rolvera@sgmission.org](mailto:rolvera@sgmission.org)

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Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian

Name \_\_\_\_\_

Email address \_\_\_\_\_

Day Phone# \_\_\_\_\_ Evening Phone# \_\_\_\_\_

Address state,zip. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Pertinent Medical Conditions \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_

**WAIVER** I give permission for the minor in my custody to participate in the above-mentioned activity(ies). I hereby release and discharge in advance San Gabriel Mission, its officers, agents, employees, contractors, or any volunteers who may assist in said direction, from and against any and all liability arising out of or connected in any way with said participant(s) in said activity(ies). I permit the taking of photographs of the above participants by San Gabriel Mission during recreation activities, to be used at the company's discretion.

Signature \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*Only the first 20 registered students are guaranteed a spot in the class. If interested please return this permission slip along with your payment of \$60.00 to the school office.**