



# International School of Arizona After-School Dance Classes



## Mondays

**Tap/Ballet**

**Jazz/Hip Hop**

**Ages: 2.5-5**

**Ages 6-11**

**Time: 3:15-4:00PM**    **Time: 4:15-5:00PM**

### Fall 2011 Semester Dates

**Session Cost: \$256.00 Sibling Cost: \$230.40**

August: 15, 22, 29

September: 12, 19, 26

October: 3, 17, 24, 31

November: 7, 14, 21, 28

December: 5, 12

### Spring 2012 Semester Dates

**Session Cost: \$240.00 Sibling Cost: \$216.00**

January: 9, 23, 30

February: 6, 13, 27

March: 12, 19, 26

April: 2, 16, 23, 30

May: 7, 14

**A Minimum of 6 students and Maximun of 12**

**Make Checks Payable to: ISA**

KIDTASTICS introduces children to the joy of dance as a recreational activity through studio quality classes. Kidtastics Dance will teach your child coordination, grace, self confidence, & discipline of the mind & body. Kidtastics strives to teach ALL children how to move with the music, be imaginative, & self expression is strongly encouraged.

Contact Kidtastics 480-994-KIDS

Email: [sofun@kidtastics.com](mailto:sofun@kidtastics.com)

Website: [www.kidtastics.com](http://www.kidtastics.com)

To enroll: Please complete the Kidtastics enrollment form along with an Extra-Curricular Activity Registration Form and submit the applicable fee to the school office. Forms can be downloaded from the website and are available in the front office.

**Registration Due No Later Than  
Friday, August 12th (Fall) or Friday,  
December 9th (Spring)**

**MEET THE INSTRUCTOR:  
TBD**

**International School of  
Arizona**

9128 E. San Salvador Drive  
Scottsdale, AZ 85258  
(tel) 480-874-2326 [www.isaz.org](http://www.isaz.org)  
(fax) 480-663-6894 [isa@isaz.org](mailto:isa@isaz.org)

2011/12 School Year



Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Child's Class Room \_\_\_\_\_

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Mother's & Father's Name \_\_\_\_\_ Hm Ph # \_\_\_\_\_ Wk Ph # \_\_\_\_\_ Cell Ph# \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/ Guardian's Email Address (Please list an active email in order to receive photos and changes) \_\_\_\_\_

Emergency Contact Information- Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Ph# \_\_\_\_\_

Is there anything else we should know about the child to ensure a fun and safe Kidtastic Time? (Medical, allergies, disabilities, etc...) \_\_\_\_\_

Class Type \_\_\_\_\_ Time \_\_\_\_\_ Session and Location \_\_\_\_\_

**Payment:** You will be making your payments to ISA

**Dress Code:** Children should wear comfortable clothes or leotards. Long hair should be tied back. Tap shoes required for dance. Gym shoes must be worn for cheer.

**Cancellations & Refunds:** Cancellation by an individual will result in a 75% refund until the start of session. No refunds are given after the session starts. No refunds are given for missed lessons. A child may make-up a missed lesson where space is available. A full refund will only be given if classes are cancelled by Kidtastics.

**Informed Consent And Waiver/ Release:** I, the undersigned, as parent or legal guardian of the child listed above in consideration of the request and permission of my son(s)/daughter(s) to participate in the activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, aerials, dance, cheerleading, running, weight training, swimming, diving, exercise and fitness conducted by Kidtastics, LLC. I, the undersigned, as parent or legal guardian, hereby assume full responsibility for all the risks of injury or loss which may result from my son(s)/daughter(s) participation in these activity and hereby agree to hold harmless, release and forever discharge Kidtastics, LLC, it's officers, agents, managers, supervisors, and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, gymnastics, dance, weight training, and a variety of strenuous exercise, vigorous physical activities and/or running directly or indirectly from my son(s)/daughter(s) participation in the aforementioned programs and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of Kidtastics, LLC, their officers, agents, managers, supervisors, or employees. The terms of this release shall serve as release and assumption of risk for my own son(s)/daughter(s), heirs, executors and administrators and for all my family members. I understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by Kidtastics, LLC, including, but not limited to paralyzing injuries, brain injuries and death. These activities may be of a hazardous nature and/or may include activities such as swimming, dance, gymnastics, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state, that there are no apparent health conditions of my son(s)/daughter(s) listed on this application, which would hinder or prevent his/her active participation in the Kidtastics, LLC programs.

**Consent for Emergency Medical Treatment:** In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named child, hereby grants authorization to Kidtastics, LLC, and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named child. Each of the undersigned further agrees that neither Kidtastics nor any of its representatives, shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency. Further, I agree to pay all costs associated with medical care and transportation for the child. I have noted any and all medical or health problems the child has of which Kidtastics, LLC should be aware in the health considerations section of this form.

**Photos:** I, the undersigned, as parent or legal guardian also give my consent for photographs and videos to be taken of my child (ren), whom are listed above, for publicity, training, and/or program purposes by Kidtastics, LLC. I have read and understood, and I agree with the informed consent and waiver/release, emergency medical authorization and the photo release outlined in the above paragraphs as it relates to my son(s)/daughter(s).

Any Questions? Call our office at (480) 994 - KIDS (5437) or email us at SoFun@kidtastics.com Kidtastics 8485 E. McDonald Drive #243 Scottsdale, AZ 85250 Visit us at: [www.kidtastics.com](http://www.kidtastics.com)

Parent/Guardian Signature & Date \_\_\_\_\_