



Ballroom Dance Lessons

Fee: \$25.00/individual, \$50.00/couple - 1 class
\$37.50/individual, \$75.00/couple - Both Classes

Registration Deadline: October 2, 2009

Days: Monday's

Dates: October 5, 12, 19, 26

Location: Hastings City Auditorium

The City of Hastings Parks & Recreation Department will be hosting ballroom dance lessons beginning in October. These exciting lessons will give participants the opportunity to learn the East Coast Swing and the Waltz. Classes are taught by Gloria and Larry Craven of Craven 2 Dance in Grand Island. Lessons will take place on four Monday nights in October at the City Auditorium. Classes are \$50 per couple to learn a single dance or \$75 per couple to learn both dances. Individuals who do not have a partner may still participate at half the cost. Each class will take a maximum of 20 couples. The registration deadline is October 2nd.

East Coast Swing (7pm-8pm) _____

Waltz (8:15pm - 9:15pm) _____

Both Classes _____

Participant Name _____ **Partner's Name** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone _____ **Cell Phone** _____

Email _____

Release of Liability

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child/ward may sustain as a result of participating in any of the program(s). I hereby fully release and discharge the City of Hastings and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward, and arising out, connected with, or in any way associated with activities of any of the programs.

Print Name: _____ **Signature:** _____ **Date:** _____

Office Use Only: CK _____ CA _____ VI/MC _____ Exp _____

CK# _____ Recpt# _____ Date _____ Employee _____