

Art

Private Clients Spring Summer 2021

Cost: \$40 for half hour ... \$80 for one hour

Areas of focus to meet your creative, artistic, and/or movement interests/needs

Injury Prevention

Sensory Processing

Centering Work

Attention Deficit Ballet Intensive	Developmental Delays Family Dance	One on One Attention Pilates/Core Work	Special Needs Yoga/Stretching
	Please return form with pay	ment to The Dance Lab	
Child's Name	D.O.B		
Parent's Name			
Address			<u> </u>
Phone (home)	(cell)		
Email Address			
		Total amount enclo	sed \$
Check payable to: The Dance The Dance Lab 12 West Cam CandaceCarriger@thedancelate I, individually, and/or as parent/guardian release: Liability Release: I acknowledginjury. I acknowledge that I have been ad problem or any other condition or medica accept personal responsibility for any per teachers, employees, and agents from an persons or property caused by my or my intentional or grossly negligent acts of The classes and these photographs, which sho child, whose photograph is used, will	den Ave. Moorestown NJ 08 ab.com 856-246-7068 of the minor identified above, hereby a e and fully understand that I and/or my vised to consult with my or my child's yion that may affect my or my child's p sonal injury sustained by my child or ny claim, cause of action or liability for child's participation in The Dance Lab e Dance Lab. Photo Release: I acknowled the consult of the Dance Lab, may be identified by name, nor will any consult.	acknowledge the following notices and of the control of the contro	vities that may involve some risk of resent injury, illness, health. I assume the foregoing risks and a Dance Lab, its owners, directors, ury to me, my child or other foregoing shall not apply to the uphed during The Dance Lab erials unless otherwise specified.
Signature		Date	
How did you hear about Th	e Dance Lab?		
Lesson Date		_ Time	
Area of Interest			