

Voter's School of Dance

341 South Broadway, 2nd floor, Unit #16

Route 28, Salem, NH 03079

info@votersdance.com

603-893-5190

6 Week Summer Session – Registration and Release

July 8th – August 14th

Student Name	Birthdate	Home/Cell Phone	Parent/Guardian Name (if under 18)
_____	_____	_____	_____
Address	Primary Email Address	Secondary Email Address (not required)	
_____	_____	_____	
Physical Limitations (if any): _____			
Previous Experience (new students only): _____			

Tuesday:

_____ 4:00-5:30 Ballet/Tap (Team and Int)*	_____ 6:30-7:30 Advanced Tap *
_____ 5:30-6:30 Strengthening *	_____ 6:30-7:30 Ballet/Tap (Ages 8-12)
_____ 7:30-9:00 Advanced Ballet	

Wednesday:

_____ 5:00 – 6:00 Ballet/Tap (Ages 3 – 5)	_____ 7:00 – 8:30 Ballet Technique (Team and Int) *
_____ 6:00 – 7:00 Ballet/Tap (1 st – 3 rd Grade)	

Thursday:

_____ 4:00 – 5:30 Ballet (Team and Int)*	_____ 6:30-7:30 Pointe *
_____ 5:30 – 6:30 Lyric/Turns/Jumps *	_____ 7:30 – 9:00 Advanced Ballet

*Classes for students who intend to be on the team in the fall 2025.

** Private lessons available. Please email to schedule.

Price List:

1 hour: \$105.00

1.5 hours: \$135.00

2 hours: \$165.00

2.5 hours: \$195.00

3 hours: \$225.00

3.5 hours: \$255.00

4 hours: \$285.00

4.5 hours: \$315.00

5 hours: \$345.00

5.5 hours: \$375.00

6 hours: \$405.00

Cost for private lessons is separate from the above price list and must be paid prior to the start of the lesson.

Classes contingent upon a 4 person minimum enrollment.

***New students not enrolled in the 2024/2025 dance season will pay a \$20 registration fee.

***All prices listed reflect the total for the 6 week session.

Drop-in rate: \$25/class

_____ Total number of hours

_____ Total Tuition Due for 6 Weeks

Payment Method: Venmo (@Vanessa-Shaheen) or Check (Due prior to first class)

Tuition: I understand that I am responsible for the entire tuition of classes for which I have registered and that tuition payments will be applied for the term in which they are paid. Students may not participate in the class until tuition is paid. There are no refunds for missed class or voluntary withdrawal from Voter's School of Dance (VSD) during the term. Refunds will only be given in the event of prolonged illness or injury, verified by medical documentation.

Signature: _____ Date: _____
(If under 18, signature of parent or guardian is required)

Consent: I hereby grant to Voter's School of Dance (VSD) and the Methuen Ballet Ensemble (MBE) permission to take photos, videos, and/or films of me, my son and/or daughter and consent to the use of such materials for promotional purposes by VSD and/or MBE, including on social media.

Signature: _____ Date: _____
(If under 18, signature of parent or guardian is required)

Release: I recognize the inherent risks of accident and injury associated with any program of exercise or dance and acknowledge that I am participating upon the express understanding that I am willing and able to accept full responsibility for my own safety and welfare. I hereby release Voter's School of Dance (VSD) and the Methuen Ballet Ensemble (MBE) and agree to hold VSD/MBE harmless from and against any and all claims of liabilities whatsoever which I may have arising out of my participation at VSD/MBE, except for those resulting directly from the gross negligence or willful misconduct of VSD/MBE. I hereby execute and deliver this Release to induce VSD and MBE to permit me to participate in its programs.

Signature: _____ Date: _____
(If under 18, signature of parent or guardian is required)