

**HEARTBEAT PERFORMING ARTS CENTER**  
**MASTER CLASS/WORKSHOP REGISTRATION FORM**  
**Saturday, February 10, 2018**  
**7661 145<sup>th</sup> Street West, Apple Valley, MN 55124**

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Classes are for students age middle school to adult.

<u>Instructor</u>	<u>Advance Level</u>	<u>Inter. Level</u>
Dianne Walker	1:00-2:15pm ____	10:00-11:15am ____
Jason Samuels Smith	10:00-11:15am ____	11:30-12:45pm ____
Guillem Alonso	11:30-12:45pm ____	1:00-2:15pm ____

One Class pp: \$30 / Two Classes pp: \$50 / Three Classes pp: \$60  
Total amount due for number of classes checked: \$ \_\_\_\_\_

- Payments may be made by cash or check. Make checks payable to Heartbeat Studios.
- Payments may be made by VISA , MasterCard or Discover: Please complete the following:

Name on Card: \_\_\_\_\_

VISA \_\_\_\_ MasterCard \_\_\_\_ Discover \_\_\_\_ Expiration Date: \_\_\_\_ 3-Digit # \_\_\_\_

Card Number: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

By signing this form, I understand and acknowledge that dance instruction, dance classes and dance practice are inherently potentially dangerous activities. As such, I release Heartbeat Studios, Inc., its instructors, staff, officers, employees and assigns form any and all liability arising from any injury or injuries which I/my child incur while engaging in any such activities. In case of a medical emergency, I hereby authorize the staff of Heartbeat Studios, Inc. to obtain the proper medical assistance (as deemed by calling 911) at my expense for my child or me.

Registration Form Signature: \_\_\_\_\_  
(Must be signed by parent/guardian if participant under the age of 18)

Mail or drop off completed form: Heartbeat Performing Arts Center  
7661 West 145<sup>th</sup> Street,  
Apple Valley, MN 55124

or, scan and email form to [debhtbt@frontiernet.net](mailto:debhtbt@frontiernet.net). Questions? 952-432-7833