

New Hampshire Academy of Performing Arts Sampler Step Up Classes

Student Name: _____

Birth Date: _____ Male or Female (circle)

Parent Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

*Please check off which classes you'd like to attend!**

Attending	Friday, 5/19	Attending	Thursday, 5/25	Attending	Thursday, 6/1
	3:45-4:30: Twinkle Stars (2.5-4), Nikki		4:00-4:45: Show Stars (4-6), Tracy		3:45-4:30: Twinkle Stars (2.5-4), Tracy
	3:45-4:30: Show Stars (4-6), Tracy		4:00-5:00: Just Boys-Hip Hop, Nikki		4:00-4:45: Ballet (9-12), Kim A
	3:45-4:30: Ballet (8-11), Danielle		4:00-5:00: Jumps & Turns (10-12), Sarah		4:00-5:00: Jumps & Turns (13+), Robyne
	4:30-5:15: Tap (7-9), Tracy		4:45-6:00: Ballet/Jazz Combo (7-9), Tracy		4:30-5:30: Street Funk (12-15), Nikki
	4:30-5:30: Preteen Hip Hop (10-12), Amanda		5:00-6:00: Ballet/Jazz Basics (6-8), Nikki		4:45-5:30: Jazz (9-12), Tracy
	4:30-5:15: Jazz (8-11), Nikki		5:00-6:00: Tap (12-15), Sarah		5:30-6:30: Hip Hop Jr (7-9), Nikki
	5:15-6:30: Ballet/Jazz Combo (7-9), Danielle		6:00-7:00: Hip Hop Jr (7-9), Tracy		5:30-6:30: Contemporary (9-12), Katie
	5:15-6:00: Tap (8-11), Tracy		6:00-7:00: Contemporary Teen (13+), Katie		5:30-6:30: Ballet (12-15), Kim A
	5:30-6:30: Preteen Contemporary (10-12), Amanda		6:00-7:00: Hip Hop Basics (6-8), Nikki		6:30-7:30: Adult Tap Basics, Tracy
	6:00-7:00: Adult Jazz/Hip Hop Nikki		7:00-8:00: Hip Hop Teen (13+), Nikki		6:30-7:30: Hip Hop (9-12), Nikki
	6:30-7:30: Musical Theater (8-12), Amanda				6:30-7:30: Contemporary (12-15), Katie

**Class schedule/instructor subject to change. All classes require a minimum number of students and will be cancelled if minimum is not met.*

ADMISSION: I, the undersigned, release NHAPA, including instructors from any and all injuries which I may sustain while training, performing or during any activity. I also agree that I am responsible for health insurance and any medical cost due to injury. I give permission for emergency medical transportation and treatment, at my expense, if the need arises.

Parent Signature: _____ Date: _____

Print Name: _____