



Made out check to Dance Caliente and mail to: Dance Caliente, 711 Fulton Street, Medford, MA 02155

Name(s):	How did you hear about us?
Address:	Email:
Cell:	Home: Work:

Monday 8-Class Courses Location: First Parish Unitarian Universalist Church, 630 Massachusetts Ave., Arlington, MA	2017-2018	#	\$ 125./ Person/ Course
Argentine Tango 6:30-7:45 PM	Oct 16 - Dec. 18, 2017 (No classes Nov. 6 and Dec 4)		
Salsa 7:45 - 9:00 PM	Oct 16 - Dec. 18, 2017 (No classes Nov. 6 and Dec 4)		
Waltz 6:30 - 7:45 PM	Jan. 22 - Apr. 13, 2018 (No classes Feb 5 and 19 Mar. 5 and Apr. 2)		
Argentine Tango 7:45 - 9:00 PM	Jan. 22 - Apr. 13, 2018 (No classes Feb 5 and 19 Mar. 5 and Apr. 2)		
Monday 5- 2 hr, Class Course	2018		\$ 125./ Person/ Course
Latin Fusion 6:30 - 8:30 PM	Apr. 16 - May 21, 2018 (No class May 7)		

Wednesday 8-Class Courses Location: Jody's School of Dance, 407 Rear Mystic Ave. #11A., Medford, MA	2017-2018	#	\$ 125./ Person/ Course
Swing 7:30 - 8:45 PM	Oct. 18 - Dec. 20, 2017 (No class on Nov. 8 and 22)		
Salsa and Cha Cha 7:30-8:45 PM	Jan. 17 - Mar. 21 2018 (No classes Feb. 14 and Mar. 14)		
Hustle 7:30-8:45 PM	Apr. 4 - June 6, 2018 (No classes Apr. 11 and May 9)		

Sunday Parties Location: First Parish Unitarian Universalist Church, 630 Massachusetts Ave., Arlington, MA	2017-2018	#	\$ 10./ Person/ Party
Dance Caliente Parties 2:30-5:30pm	Dec. 3, 2017; Mar. 18, 2018; May 20, 2018		

GET OUT AND DANCE (CALIENTE) CLUB Location: Varied Venues	July 2017 - June 2018 Meets Once per month	#	\$ 50/Person
	Details regarding type of dance and venue location will be emailed to members.		

Agreement of Release and Waiver of Liability

\$ Total Amount _____

I (We), _____

Hereby agree that I/we are participating in the Dance Caliente dance program during which it is my/our responsibility to consult with a physician prior to and regarding my/our participation. I/we represent and warrant that I/we am physically fit and I/we have no medical condition which would prevent my/our full participation. In consideration of being permitted to participate in the Dance Caliente dance classes, programs and workshops. I/we agree to assume full responsibility for any risks. I/we knowingly, voluntarily and expressly waive any claims that I/we may sustain as a result of participating in the program. I/we have read the above release an waiver of liability and fully understand its contents. I/we voluntarily agree to the terms and conditions stated above:

Signature(s): _____ **Date:** _____

Signature of Parent/guardian if under 18: _____ **Date:** _____