

## REGISTRATION FORM

**Goal:** The primary purpose is to preserve and present traditional West African Dance, Music and History by providing authentic performances and detailed instruction and to perpetuate its significance to future generations, while creating a lifestyle of physical and mental wellness. **Mission:** to introduce, increase and enhance cultural awareness to better understand and appreciate the richness of the African Diaspora

### Registration INFORMATION

Session One : January 21st - March 10th.

Session Two: March 24th - May 12th.

*Registration begins January 2nd.*

All fees and registration should be received **MUST** be received before your child begins class

### Registration INCENTIVES

Recruit one (1) new participant and receive \$5 off your class fee. Recruit two (2) new participants and receive \$10 of your class fee. All persons in the incentive package **MUST** register and submit the full tuition together on or before the one week deadline

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_ City /Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Phone during class \_\_\_\_\_

Email Address: (print) \_\_\_\_\_

Physical, emotional and/or mental limitations  
\_\_\_\_\_

### Liability Waiver

I \_\_\_\_\_ relieve the ThioSSane Institute, its instructors and guest artists and the Lincoln Theatre Association of any liability to me or my child or loss of stolen property while participating in these classes. I understand that I and/or my child is participating at my risk and I am aware of my and my child's physical limitations.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_ **dwnld**

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**Office use only 2011 - 2012**

**Jan \_\_\_\_\_ Mar \_\_\_\_\_ June \_\_\_\_\_ Sept \_\_\_\_\_ Summer \_\_\_\_\_**

mail and make payable

**THIOSSANE WEST AFRICAN DANCE INSTITUTE**  
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