

★ Dance away the summer heat with ★

# A.L.L. Summer Ballroom Dance Lessons

★ (Open to all levels and ages!!) ★

**Open to A.L.L. students, family, and the public between the ages of 8-adult.**  
*Instructed by silver level collegiate competitive dancer on all popular ballroom dances.*

We are located at *Accelerated Learning Laboratory* (5245 N. Camino de Oeste Tucson, Arizona 85745)

**Cost (per session):**

\$50.00 for A.L.L. students and family members/\$60.00 for the general public, per person  
\$75.00 for A.L.L. students and family members/\$80.00 for the general public, per couple  
(50% due at time of registration; \$25.00 and \$30.00 respectively per person;  
\$37.50 and \$40.00 respectively per couple; non refundable)

**Classes are limited to 16 (minimum of 10)**

Sessions are offered from **June 13<sup>th</sup> to July 1<sup>st</sup>** and from **July 11<sup>th</sup> to August 5<sup>th</sup>**.

**Daily Schedule**

4:00–5:00 pm – Beginner Level  
5:15–6:15 pm – Intermediate/Open

- ↪ Beginner Level includes American style Waltz, Tango, Foxtrot, Rumba, Cha-Cha and Swing.
- ↪ Intermediate/Open Level includes American style Viennese Waltz, International Style Foxtrot, Jive, Samba, Night Club Two-Step, competitive styling and techniques.

\*\*\*\*\* **Registration** \*\*\*\*\*

For more information, please visit us online at [www.allgrades.com/News/allnews.htm](http://www.allgrades.com/News/allnews.htm) or contact any Accelerated Learning Laboratory school offices. For any questions, please contact Joedy at 520-743-2256.

Please drop off or mail the registration forms at 5245 N Camino de Oeste, Tucson, AZ 85745, Attn: Joedy. A deposit of 50% of the total is needed to pre-register. If registering on or after the first day of the session, 100% of the total amount must be paid. Please make all checks out to A.L.L.

*Accelerated Learning Laboratory (ALL)*  
**Summer Ballroom Dance Registration Form**

**I. Participant Information** – Please neatly print or type the information required below.

Name (Last, First, MI) \_\_\_\_\_

Address (Street, Apt) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please check one:            Session I (June 13<sup>th</sup> to July 1<sup>st</sup>)            Session II (July 11<sup>th</sup> to August 5<sup>th</sup>)

Please select level(s):            Beginner Level            Intermediate/Open Level

I, the parent/guardian, of the below-named student, a minor, agree that I and the student will abide by the rules and regulations of A.L.L. and its affiliated organizations. In consideration of the student's participation in the workshop and activities of the A.L.L., I, for myself and the student and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify A.L.L., the owners and operators of the facilities used for the workshops, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the student's participation in the workshop including, without limitation, student's transportation to/from any workshop, which transportation is hereby authorized. I further grant A.L.L. the right to use the student's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the student's status as a participant in the workshop and/or school related activities.

Name: \_\_\_\_\_ Student : \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_ Signature X \_\_\_\_\_ Date \_\_\_\_\_

**II. Emergency Contact Information**– Please neatly print or type the information required below.

*Please fill in at least one of the following:*

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Person to contact in emergency    Mother    Father    Legal Guardian

Other: \_\_\_\_\_  
 (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

List any medical needs of the student: \_\_\_\_\_

Doctor to contact in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

**Permission for Minor Medical Treatment**

As the parent or legal guardian of the above named student, I hereby give consent for emergency Medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_                      Work \_\_\_\_\_ - \_\_\_\_\_  
 AC    AC

**For office use only:**

Pre-Reg Deposit: \$ \_\_\_\_\_ Late Fee: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Payment Method: Cash Check (# \_\_\_\_\_)

Date Received: \_\_\_\_\_