

ULTIMATE POTENTIAL FITNESS FOR KIDS

PRESENTS

Grade School Musical
Solomon Schechter Day School
Mondays 3:45-4:45pm

8 Sessions, Starting Jan. 11
\$92.00 Registration, Ages 5-12

GRADE SCHOOL MUSICAL



More DANCE! More DRAMA! No auditions necessary to become your school's STAR!

You're invited to this open casting call to all kids ages 5-12! Dance to the music of High School Musical and learn hip hop steps in lock 'n pop combinations. Experience innovative drama sessions that will enhance your acting abilities. Blend these skills to perform in your own grade school musical during the final class! You don't want to miss out on this fantastic fusion of dance and drama.

REGISTER NOW

To register, return this form by fax to (314) 432-5382 or mail to: Ultimate Potential Fitness, PO Box 410181, St. Louis, MO 63141. Make checks payable to Ultimate Potential Fitness. You may also register using a MasterCard or Visa at www.UPF4KIDS.com. Class minimum is 8 participants. No notification is made to registrants unless class is canceled. Please notify if child has special needs. Questions? Please call (314) 458-8311.

Title: **Grade School Musical** School: **Solomon Schechter** Start Date: **1/11 3:45**

Credit Card - Please register online using a MasterCard or Visa at www.UPF4KIDS.com.

Cash Check Check # _____ Total Fee \$ _____

Child's Name _____ Student's Grade _____

Parent's Name _____ Address _____

Home Phone _____ City _____ ZIP _____

Business Phone _____ Cell Phone _____

PLEASE READ THE FOLLOWING: I, the undersigned parent/guardian, agree and understand that classes are taken at the participant's own risk, without liability to the Solomon Schechter Day School, its officials, or Ultimate Potential Fitness, LLC instructors. Although injuries rarely occur, those participating should have their own insurance or be aware that expenses for any medical treatment or care must be borne by the individual participant. I hereby authorize Ultimate Potential Fitness instructors to provide basic first aid and/or seek advanced emergency medical attention for the participant from designated Emergency Medical Service providers for illness and/or injury occurring during program. Please notify of any medical or health concerns in writing and return with this form.

Read and understood: _____ Date: _____