

# Elite Dance and Performing Arts Center

## Summer Camp and Intensive Registration 2018

Student's Name (First & Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Mother Cell #: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Father Cell #: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please advise us of any **medical conditions, allergies, or dietary restrictions:**

Person(s) authorized for pickups: \_\_\_\_\_

### Agreement for Participation

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. **The Elite Dance and Performing Arts Center** is not liable for any injuries while in a class or on the premises.

I have read, understand, and agree to adhere to all the content stated therein including:

**\*Studio Policies   \*Tuition & Payment Information   \*Dress Code   \*Photo and video release   \*Behavior**

In case of an emergency and I cannot be reached, I authorize the staff of The Elite Dance and Performing Arts Center to obtain whatever medical treatment deemed necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Please check off the week(s) you wish to enroll in.**

Week	Time	✓	Amount Due
Dance Camp June 18 - 22	9 AM – 3 PM		\$395
Tumbling Clinic July 9th - 12th (Level 3-4 only)	10 AM – 12 PM		\$149
Dance Intensive Week #1 July 16 - 20	9 AM – 4 PM		\$425
Hip-Hop Party July 23 - 25 <small>Sepecial Performance on July 25th @ 7pm</small>	5 PM – 8 PM		\$149
Sleeping Beauty July 30 – Aug 3 <small>Special Performance on Aug 4th @ 11am</small>	4 AM – 6 PM		\$175 <small>Costume included</small>
Aerial Silks Camp July 30 – Aug 3	10 AM – 1 PM		\$330 or \$80 per day
Choreography Experience July 30 – Aug 1 <small>Special Showcase on Aug 2nd @ 7pm</small>	4 AM – 8 PM		\$175
Dance Intensive Week #2 Aug 6 - 10	9 AM – 4 PM		\$425

**SUB-TOTAL:** \$ \_\_\_\_\_

**Early Bird Discount:** \$ \_\_\_\_\_  
\*(If registered by March 31st)

**TOTAL AMOUNT:** \$ \_\_\_\_\_

**AMOUNT PAID:** \$ \_\_\_\_\_

**\*TUITION IS NON-REFUNDABLE, HOWEVER 50% OF THE VALUE IS TRANSFERABLE TOWARDS OTHER ELITE EVENTS AND CLASSES, ONLY IF CANCELLING ONE WEEK OR MORE BEFORE DATE OF INTENSIVE/CAMP.**