

SUMMER DANCE CAMP REGISTRATION 2021

AGES 6-9 and AGES 10-15

Dancer Name:			
Date of Birth:		Age:	
Address:			
Parent or Guardian Name:		Work Phone:	
Home Phone:		Cell Phone:	
Email Address:			
Emergency Contact:		Emergency Contact Phone:	
Dance Experience:			
Known Medical Problems or Allergies:			

PHOTOGRAPHIC RELEASE & WAIVER: By signing below, I give permission for photographs of my child in dance class or performances to be used in promotional material for PPAC and or its designs in both print, web and social media publications. **YES** (signature) _____, or **DECLINE** (please circle)

1. **Camp Weeks** (circle each): **Wk 1:** June 14 - June 17 **Wk 2:** June 21 - June 24 **Wk 3:** June 28 - July 1 **Wk 4:** July 5 - July 8
Wk 5: July 12 - July 15 **Wk 6:** July 19 - July 22

****Dance Camp Cost due 2 weeks prior to the start of each camp week: \$200 per camp week, per student****

Number of Camp Weeks: _____ **Age Category** (circle): Ages 6-9 **OR** Ages 10-15 **Camp Weeks Total: \$** _____ (Camp Fees are non-refundable)

2. Day Classes Available: \$60 Per Day = 3 Hours

Wk 1: Select Day(s)	(\$60 each, please circle):	Mon/Tues/Wed/Thurs	Total: \$ _____
Wk 2: Select Day(s)	(\$60 each, please circle):	Mon/Tues/Wed/Thurs	Total: \$ _____
Wk 3: Select Day(s)	(\$60 each, please circle):	Mon/Tues/Wed/Thurs	Total: \$ _____
Wk 4: Select Day(s)	(\$60 each, please circle):	Mon/Tues/Wed/Thurs	Total: \$ _____
Wk 5: Select Day(s)	(\$60 each, please circle):	Mon/Tues/Wed/Thurs	Total: \$ _____
Wk 6: Select Day(s)	(\$60 each, please circle):	Mon/Tues/Wed/Thurs	Total: \$ _____

Number of Day Classes: _____ **Age Category** (circle): Ages 6-9 **OR** Ages 10-15 **Day Classes Total: \$** _____ (Camp Fees are non-refundable)

3. Single Classes Available: \$25 per 1 hour class, per student

Wk 1: Circle Day(s)	Mon/Tues/Wed/Thurs	(Check all that apply): Ballet _____ Jazz/Lyrical _____ Tap _____ Musical Theatre: _____ Hip Hop _____ Acro/Stretch _____
Wk 1: Circle Day(s)	Mon/Tues/Wed/Thurs	(Check all that apply): Ballet _____ Jazz/Lyrical _____ Tap _____ Musical Theatre: _____ Hip Hop _____ Acro/Stretch _____
Wk 1: Circle Day(s)	Mon/Tues/Wed/Thurs	(Check all that apply): Ballet _____ Jazz/Lyrical _____ Tap _____ Musical Theatre: _____ Hip Hop _____ Acro/Stretch _____
Wk 1: Circle Day(s)	Mon/Tues/Wed/Thurs	(Check all that apply): Ballet _____ Jazz/Lyrical _____ Tap _____ Musical Theatre: _____ Hip Hop _____ Acro/Stretch _____
Wk 1: Circle Day(s)	Mon/Tues/Wed/Thurs	(Check all that apply): Ballet _____ Jazz/Lyrical _____ Tap _____ Musical Theatre: _____ Hip Hop _____ Acro/Stretch _____
Wk 1: Circle Day(s)	Mon/Tues/Wed/Thurs	(Check all that apply): Ballet _____ Jazz/Lyrical _____ Tap _____ Musical Theatre: _____ Hip Hop _____ Acro/Stretch _____

Number of Single Classes: _____ **Age Category** (Circle): Ages 6-9 **OR** Ages 10-15 **Single Classes Total: \$** _____ (Camp Fees are non-refundable)

I acknowledge that I have read and understand all studio policies & payment: (Parent/Guardian Signature) _____

Note each dancer requires a registraion form and signed social media waiver; do not fill out for multiple students.