



1580 Route 9
Clifton Park, NY 12065

4 WEEK DANCE WORKSHOP - SUMMER INTENSIVE 2019
REGISTRATION FORM

Parents Name/s		Phone #	(C, H, W)
Street Address		Anything important you would like us to know about your dancer: _____ _____ _____ _____	
City, State, Zip			
Dancer's Name	1. 2.		
	date of birth _____	Years in dance _____	

<p>I am attending SUMMER WORKSHOP (please circle which weeks or days you will attend)</p> <p>July 22nd, 23rd, 24th, 25th July 29th, 30th, 31st, Aug. 1st August 5th, 6th, 7th, 8th August 12th, 13th, 14th, 15th</p> <p>Total number of weeks/Classes _____ Level _____</p> <p>Total for Summer Workshop \$ _____</p> <p>50 % Deposit / Payment in full for discount (due by May 15th). (due by May 15th)</p> <p>BALANCE OWED by July 1st _____</p> <p style="text-align: center;">Office use Only:</p> <p>DATE PD _____ Chk # _____ Cash _____</p> <p>FINAL PAYMENT RECEIVED _____ Ck# _____ Cash _____</p>	<p>I am attending SUMMER INTENSIVE WEEK</p> <p>Full Intensive week (Premier & Quest) _____ \$400.00 <i>(required for current and prospective PDPAC competition team dances)</i></p> <p>PDPAC Intensive days only _____ \$75 or \$125.00</p> <p>QUEST Intensive days only _____ \$275.00</p> <p>50 % Deposit paid \$ _____ (due by May 15th)</p> <p>BALANCE OWED by July 1st _____</p> <p style="text-align: center;">Office use Only:</p> <p>DATE PD _____ Chk # _____ Cash _____</p> <p>FINAL PAYMENT RECEIVED _____ Ck# _____ Cash _____</p>
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PLEASE INITIAL _____ **LIABILITY DISCLAIMER:** I agree that if my dependant or I (heretofore know as "we") engage in any physical exercise, class or activity on the premises or any venue where we participate as representatives of Premier Dance Performing Arts Center, we do so at our own risk. I agree that we are voluntarily participating in activities and use of said facilities, premises (including the parking lot) and designated Premier Dance Center venues. We assume all risk of injury, illness, damage, or loss to us or our property that might result, including, without limitation, any loss or theft of any personal property. I agree tht this consent and assumption of risk statement covers each and every event or activity sponsored by Premier Dance Performing Arts Center. I agree to release and discharge you (and your affiliates, empoyees, agents, representatives, successors and assigns) from any and all claims or cause of action (known or unknown) arising out of your negligence. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. I am waving any right that I may have to bring legal action to assert a claim against you for your negligence. I give my permission for Jaye Cummings, studio owner or a studio parent to take my child to a medical/dental facility, if necessary. In case of emergency, If none of the above can be contacted, I herby give my consent for emergency medical care to be administered by a duly licenesed Doctor of Medicine or Doctor of Dentistry. Premier Dance Performing Arts Center will not be responsible for the cost of any medical care or emergency treatments. I hereby waive all claims whatsoever in connection with such medical treatments.

Signature of Parent/Guradian (if minor) _____ **Date** _____

Primary EMAIL _____

Secondary EMAIL _____