



1580 Route 9
Clifton Park, NY 12065
Summer Programs 2021
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 _____	

SUMMER EVENING CLASSES

(please circle which weeks or days you will attend)

July 19th thru July 22nd
July 26th thru July 29th
Aug. 9th thru Aug. 12th
Aug. 26th thru Aug. 29th

Monday - Tuesday - Wednesday - Thursday
50% Deposit due by May 15th

Your 50 % deposit is based on the program you are choosing

Class Name or LEVEL _____

I am choosing to pay for ALL FOUR WEEKS for my Level/Class _____

For a discounted rate of \$ _____

I am choosing to pay the PER WEEK fee for my Level /Class _____

For a discounted rate of \$ _____

I am choosing to pay the per Class Fee and my child will DROP-IN to the following class/es:

Office use only:

Total Owed _____
 DATE PD _____ Chk # _____ Cash _____
 FINAL PAYMENT RECEIVED _____ Ck# _____ Cash _____

SUMMER INTENSIVE WEEKS

(required for current and prospective PDPAC competition team dances)

Premier Intensive I: June 28th - July 2nd
 Level 1 (9am - 12:30pm)
 \$175.00 full week _____ \$50.00 per day _____
 Levels 2-5 (9am - 4:00pm)
 \$300 full week _____ \$75.00 per day _____

Registration & Deposit of \$75.00 is due by May 15th for PREMIER

QUEST Intensive: August 23rd - August 25th
 \$325.00 _____ (no discounts applicable)

Registration & Deposit of \$75.00 is due by April 30th for QUEST

Premier Intensive II: August 26th - August 27th
 Level 1 (9am - 12:30pm)
 \$70.00 for 2 days _____ \$50.00 per day _____
 Levels 2-5 (9am - 4:00pm)
 \$125.00 for 2 days _____ \$75.00 per day _____

I am paying for both PREMIER intensives in full by May 15th for a 10% discount Off the Premier Dance rates. _____

Office use only:

Total Owed _____
 DATE PD _____ Chk # _____ Cash _____
 FINAL PAYMENT RECEIVED _____ Ck# _____ Cash _____

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 that 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, employees, 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 waiving 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 hereby 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/Guardian (if minor) _____ Date _____

Primary EMAIL _____

Secondary EMAIL _____