



# Summer 2023 REGISTRATION FORM



|                                    |                   |                              |
|------------------------------------|-------------------|------------------------------|
| <b>DANCER NAME/S</b>               | 1. _____          | DOB _____ Yrs of Dance _____ |
|                                    | 2. _____          | DOB _____ Yrs of Dance _____ |
| <b>Parent/Guardian Name/s</b>      | <b>CELL PHONE</b> | <b>HOME ADDRESS</b>          |
| _____                              | _____             | STREET _____                 |
| _____                              | _____             | CITY _____                   |
| <b>E-MAIL</b> <input type="text"/> |                   | STATE _____                  |
|                                    |                   | ZIP _____                    |

**SUMMER WORKSHOP**  
Evening Classes for ages 4-18  
*(please circle which weeks or days you will attend)*

July 17<sup>th</sup> 18<sup>th</sup> 19<sup>th</sup> 20<sup>th</sup>  
 July 24<sup>th</sup> 25<sup>th</sup> 26<sup>th</sup> 27<sup>th</sup>  
 July 31<sup>st</sup> Aug 1<sup>st</sup> Aug 2<sup>nd</sup> Aug 3<sup>rd</sup>  
 Aug 7<sup>th</sup> Aug 8<sup>th</sup> Aug 9<sup>th</sup> Aug 10<sup>th</sup>

**Please select the SUMMER WORKSHOP classes you are registering for**  
**Reminder: Summer Dance Workshop 8 Intensives are requirements for our team dancers**  
 AGE LEVEL: PETITE -- JUNIOR --- TEEN --- SENIOR

If you are taking ALL classes for any given level you do NOT need to list out the classes – just circle the level above that your dancer will be registering for

CLASS NAME \_\_\_\_\_ DAY/TIME \_\_\_\_\_  
 CLASS NAME \_\_\_\_\_ DAY/TIME \_\_\_\_\_

**SUMMER INTENSIVE**  
Week Long Dance Training Camp  
Please initial if you are attending Intensive week  
**August 21<sup>st</sup> thru 25<sup>th</sup>**  
 Ages 5-9 (Beginner) 9am – 12pm  
 Ages 8-18 (Inter thru Advanced) 9am-3:30pm

ATTENDING ages 5-8 \_\_\_\_\_  
 ATTENDING ages 8-18

**Please select which Pricing Program you choose**  
*All pricing is broken down on the back of the summer schedule*

**SUMMER WORKSHOP:**  
 \_\_\_\_\_ DISCOUNTED RATES with Deposit due by May 15<sup>th</sup> and Balance due by June 1<sup>st</sup>  
 \_\_\_\_\_ REGULAR RATES with Deposit due by May 15<sup>th</sup> and Balance due by July 1<sup>st</sup>

**SUMMER INTENSIVE:**  
 \_\_\_\_\_ DISCOUNTED RATES with Deposit due by May 15<sup>th</sup> and Balance due by July 1<sup>st</sup>  
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Selecting DOUBLE DISCOUNT RATE \_\_\_\_\_ Due in full by 6-1-23

**COMPETITION TEAM ONLY**  
Choreography AND Training  
**August 28<sup>th</sup> thru 31<sup>st</sup>**  
 Timing and specific breakdown of team of details TBD.

**\$50.00 Deposit due by May 15<sup>th</sup> if registered for ONE class per week**  
**\$100.00 Deposit due by May 15<sup>th</sup> if registered for more than 1 class**  
**\$150.00 Deposit due by May 15<sup>th</sup> if taking Workshop AND Intensive**

*(Team dancers are allowed to miss one week of the summer workshop but would then not be eligible for the 4 week discount - If taking less than 4 weeks you would pay the per week fee)*

LIABILITY DISCLAIMER: I agree that if my dependent or I (heretofore known 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 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 hereby give my consent for emergency medical care to be administered by a duly licensed 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. **PLEASE INITIAL THAT YOU HAVE READ DISCLOSURE** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office use only:**  
 Total Owed \_\_\_\_\_ Total Deposit Pd \_\_\_\_\_ Date Pd \_\_\_\_\_ Balance \_\_\_\_\_ Date pd \_\_\_\_\_  
 Discount given \_\_\_\_\_