

Advance 5-Day Summer Intensive



Studio of Dance
(610) 494-4610
www.paulklockdance.com

**Ballet, Tap, Jazz, Lyrical,
Modern, Hip Hop, Musical
Theater, and more!**

**Approx. Ages 11 & up
Levels Adv. Int. 1 & up
Performing Blue* and Up**

Week 1 - August 3-7, (9:00a-5:00p)

Week 2 - August 10-14, (9:00a-5:00p)

Students may register for one or both weeks.



**Five-day Dance Intensive for more serious
students who have a foundation in ballet and jazz.**

Blue Performing Group students should call the studio to see if our Intermediate June Intensive might be more appropriate.

Registration Form (Please check the box of the week(s) you'll be attending:) Week 1 Week 2 Both

Student's First Name _____ Last Name _____ Age _____ Birthdate _____

Health Concerns the studio should know about? _____

Food/Other Allergies the studio should know about? _____

If the information below is already correctly on file with us, check the box to the left. If your information has changed (or you are not sure), fill in only the fields that need to be updated.

Mother's First/Last _____ Father's First/Last _____

Street Address _____ Email Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Emergency Name & Number _____

Mother's Cell Number _____ Father's Cell Number _____

Mother's Work Number _____ Father's Work Number _____

How did you find out about our studio? _____ Years you have studied? _____

Summer Dance Intensive	Amt/Student if Enrolled by 3/15/15	Amt/Student if Enrolled by 5/1/15	Amount per student after 5/1/15
9:00a - 5:00p (full day)	\$335 -1 wk; \$576 -2 wks	\$362 -1 wk; \$624 -2 wks	\$394 -1 wk; \$677 -2 wks
9:00a -12:15p (½ day)	\$182 - per week	\$196 - per week	\$213 per week

I, the parent/guardian of the above named registrant agree that the registrant and I will abide by the rules of the Paul Klocke Studio of Dance ("PKSD"), and any of its affiliated organizations. I consent to the registrant's participation in the PKSD physical programs and activities, ("PROGRAMS"). Recognizing the possibility of physical injury associated with the PROGRAMS, and in consideration for the PKSD accepting the registrant for its PROGRAMS, I hereby release, discharge, indemnify, and hold harmless the PKSD, its affiliated organizations, and their employees, teachers, and associated personnel from and against any and all claims by or on behalf of the registrant as a result of the registrant's participation in the PROGRAMS. In my absence, I also request PKSD, through its staff, to obtain emergency medical care in the event that such care is necessary or appropriate in the opinion of the staff for the benefit of my child due to accident or illness. I promise to pay any treatment costs directly to the hospital, physician, or laboratory providing such care, upon presentation of the bill to me.

Signed (parent/guardian) _____ **Today's Date** _____

PHOTO RELEASE: Please check to give your approval to use your child's photo. The studio often takes pictures of the students in class and performance that are used in studio displays and promotional materials.

Amount Enclosed _____

Make Checks Payable to: Paul Klocke Dance
(Mastercard/Visa/Check/Cash accepted)

Cancellation/Refund Policy: If notified 28 days before first day of Intensive - 80% refund given; if notified 14 days before first day of Camp - 50% refund given; 0-13 days before first day of camp - no refunds can be given.

For Office Use				
Check Number	Cash Receipt #	Credit Card Last 4 digits	Billed Fox	Payment Fox

Paul Klocke Studio of Dance, 300 Turner Industrial Way,
Aston, PA 19014 (Close to Ice Works.) Call for directions.