

Summer Dance Intensive

Intermediate & Advanced

Ages 11-18



August 20-24, (9a-3p)

Ballet, Jazz, Lyrical, Theatre, Contemporary, and more!

*For our Intermediate and Advanced
levels and for our Gold Performing Group*.
Approx. ages 11 and older.*

** Students will be divided into groups based upon their ability.*

Five-day Summer Dance Intensive for serious students who have a foundation in ballet and jazz. Exciting opportunity to experience many styles of dance from both guest and studio master teachers.

Summer Dance Intensive	Tuition	If paid by June 10 th
9:00a - 3:00p	\$340	\$310
Aftercare 3:00 - 5:30	\$50 per week/ \$15 per day	

Call (610) 494-4610 for Details

Paul Klocke Studio of Dance, 300 Turner Industrial Way, Aston, PA 19014
Email: studio@paulklockdance.com Website: www.paulklockdance.com

Summer Dance Intensive

- Student's Name: _____
- Age: _____ Birthdate: _____
- Health Concerns: _____
- Allergies: _____
- Guardian's Name: _____
- Address: _____
- City/State/Zip: _____
- Phone: _____
- Email: _____

Photo Release: I accept that the studio often takes pictures and videos of the students in class and in performance and that these pictures may be used in studio displays and social media promotional materials.

Medical Release: I the Parent/Guardian of the student registrant agree that the registrant and 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.

Parent Signature _____ Date _____

_____ Attending 5-Day Summer Dance Intensive

_____ After care (contact the studio for your needs)

Amount Included _____

To Register: fill out this form and call the studio
to pay by credit card over the phone.

Cancellation/Refund Policy: If notified 28 days before first day of camp - 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.