

# 5-Day Intermediate Summer Intensive

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

*July 13-17, (9:00a-3:00p)*

**Approx. Ages 9 to 13**

**For Levels Child 4\*, 5, Int. 1 & Adv. Int. 1  
 Silver, Blue, Orange Performing Groups**



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

\* Level 4 students should call the studio to see if our July 20-24 "Fun Camp" might be more appropriate. Blue/Orange Performing Group and Adv. Int 1 students should call the studio to see if our Advanced August Intensives might be more appropriate.

## Registration Form

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

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 - 3:00p (full day)	\$279	\$302	\$329

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