

The Power Of Dance May Interim/Summer Camp Registration Form

Please mail or drop off registration form and \$10 deposit/class to
"The Power Of Dance, 2490 Lineville Rd. STE H, Green Bay WI 54313"

One student per form please.

Student's Name _____ Age _____ Date of Birth _____

Home Phone _____ School _____ Current Grade _____

Address: _____ City _____ Zip _____

Parents- Dad _____ Work Phone _____ Cell _____ email _____

Mom _____ Work Phone _____ Cell _____ email _____

EMAIL ADDRESS(s) - **confirmation will be sent via email** _____

How did you hear about us? _____

Interested in All Stars? _____ Previous Dance Experience _____

MAY INTERIM TECHNIQUE (Leaps/Turns/Jumps)-

Full Session _____ Shortened Session _____ (Pick 4 dates) _____

Circle one: Beg/Beg+ (4:30-5:30pm) Int (5:45--6:45pm) Adv/Elite (7:00-8:00pm)

INTERIM BALLET/ ACRO CLASSES

Class _____ Day/Time _____ Class _____ Day/Time _____

Class _____ Day/Time _____ Class _____ Day/Time _____

Class _____ Day/Time _____ Class _____ Day/Time _____

YOUTH DANCE CAMP- June 12-15 _____

SUMMER INTENSIVE- June 19-22 _____ Estimated skill level (circle): Beg Beg/Int Int Int/Adv Adv

MEDICAL AUTHORIZATION, RISK NOTIFICATION, LIABILITY WAIVER

Emergency Contact (non-parent) _____ Relation to Student _____

Home phone _____ work phone _____ Cell _____

Family Physician _____ Phone _____

Clinic Address _____

Medical/Physical limitation? (ex: asthma) _____

Medications _____

Allergies to medications or otherwise _____

In case of illness or injury and a parent cannot be reached, the staff of The Power Of Dance, LLC may authorize medical treatment for the above named student. I understand that because dance involves motion, there is a risk of injury. I and my heirs hereby release The Power Of Dance, LLC, its employees, instructors, managing members and owners from liability for damages and/or injury or medical expenses which might occur as a result of my child's participation. My child has no problems that might compromise his/her *safe* involvement.

I (we) have read, understand and agree with the POD studio policies and information for the 2015 POD Summer programs.

Parent Signature (or student if 18+) _____ **Date** _____

May we use dance photographs/video clips containing you or your child for promotional purposes? This may include, but is not limited to, material on our website www.mypowerofdance.com

_____ yes _____ no

Office Use Only: Date Received ___/___/___ Entered by: _____ Confirmation Sent _____