



# 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? \_\_\_\_\_

**Mini Camps:** \_\_\_\_\_ Monkey Movers \_\_\_\_\_ Royal Princess \_\_\_\_\_ C.L.I.M.B (Circle) 6-9 Beg Int Adv

\*\*  Check Box for "Create your own Mini- Camp option & save 15% (pick 1 Focus Session, 1 Ballet, 2+ Acro)

### **FOCUS SESSION ON LEAPS/TURNS/JUMPS**

Full Session \_\_\_\_\_ Shortened Session \_\_\_\_\_ (Pick 4 dates) \_\_\_\_\_

Circle one: Age 6-9 (4:30-5:30) 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 14-17** \_\_\_\_\_

**SUMMER INTENSIVE- June 21-24** \_\_\_\_\_ 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 2021 POD Summer programs. – Studio policies found on the POD website.

**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](http://www.mypowerofdance.com) \_\_\_\_\_ yes \_\_\_\_\_ no

Office Use Only: Date Received \_\_\_\_/\_\_\_\_ Entered by: \_\_\_\_\_ Confirmation Sent \_\_\_\_\_

[Type the company name]