

Summer 2025 REGISTRATION FORM



DANCER NAME/S	1. _____ 2. _____	DOB _____ Yrs of Dance _____ DOB _____ Yrs of Dance _____
Parent/Guardian Name/s _____ _____ _____		CELL PHONE _____ _____ _____
E-MAIL _____		HOME ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____

SUMMER WORKSHOP
Evening Classes for ages 4-18
(please list which days/weeks you will attend)

July	21 st	22 nd	23 rd	24 th
July	28 th	29 th	30 th	31 st
Aug	4 th	5 th	6 th	7 th
Aug	11 th	12 th	13 th	14 th

SUMMER INTENSIVE
Week Long Dance Training Camp
August 18th thru 22nd
(please initial if you are attending Intensive Week)

Ages 5-9 - 9am-12pm (Half Day)

Ages 9-18 - 9am-3:30pm (Full Day)

COMPETITION TEAM ONLY
Choreography AND Training

DATES - TBD

Timing and specific breakdown of team of details TBD.

Please select the SUMMER WORKSHOP classes you are registering for
Reminder: Summer Dance Workshop & Intensives are requirements for our team dancers

AGE LEVEL: PETITE -- JUNIOR --- TEEN --- SENIOR

If you are taking ALL classes for any given level you do NOT need to list out the classes – just circle the level above that your dancer will be registering for

CLASS NAME _____ DAY/TIME _____
 CLASS NAME _____ DAY/TIME _____

SUMMER WORKSHOP:
 _____ DISCOUNTED RATES with Deposit due by May 15th and Balance due by **June 1st**
 _____ REGULAR RATES with Deposit due by May 15th and Balance due by **June 15th**

SUMMER INTENSIVE:
 _____ DISCOUNTED RATES with Deposit due by May 15th and Balance due by **June 1st**
 _____ REGULAR RATES with Deposit due by May 15th and Balance due by **June 15th**

Selecting **DOUBLE DISCOUNT RATE** _____ Due in full by 5-15th

Please circle which Pricing Program you choose
All pricing is broken down on the back of the summer schedule

1.	50.00 Deposit for 1 class per week over summer due by May 15 th
2.	150.00 Deposit for Multiple Classes or Full Workshop due by May 15 th
3.	100.00 Deposit for Weeklong Intensive due by May 15 th
4.	250.00 Deposit for Summer Workshop AND Inten. Week due by May 15 th

LIABILITY DISCLAIMER: I agree that if my dependent or I (heretofore known as "we") engage in any physical exercise, class or activity on the premises or any venue where we participate as representatives of Premier Dance Performing Arts Center, we do so at our own risk. I agree that we are voluntarily participating in activities and use of said facilities, premises (including the parking lot) and designated Premier Dance Center venues. We assume all risk of injury, illness, damage, or loss to us or our property that might result, including, without limitation, any loss or theft of any personal property. I agree that this consent and assumption of risk statement covers each and every event or activity sponsored by Premier Dance Performing Arts Center. I agree to release and discharge you (and your affiliates, employees, agents, representatives, successors, and assigns) from any and all claims or cause of action (known or unknown) arising out of your negligence. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. I am waiving any right that I may have to bring legal action to assert a claim against you for your negligence. I give my permission for Jaye Cummings, studio owner or a studio parent to take my child to a medical/dental facility, if necessary. In case of emergency, If none of the above can be contacted, I hereby give my consent for emergency medical care to be administered by a duly licensed Doctor of Medicine or Doctor of Dentistry. Premier Dance Performing Arts Center will not be responsible for the cost of any medical care or emergency treatments. I hereby waive all claims whatsoever in connection with such medical treatments. **PLEASE INITIAL THAT YOU HAVE READ DISCLOSURE** _____

Parent Signature _____ **Date** _____

Office use only:

Total Owed _____	Total Deposit Pd _____	Date Pd _____	Balance _____	Date pd _____
Discount given _____				