

February 2017



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Summer Spotlight Theatre Camp

Music Director: John Leslie

Summer Spotlight Theatre is an exciting program for children ages 7 through 14 years who are interested in all aspects of performing. Campers will participate in singing, dancing, costuming, set building, improvisation and more! There will be two evening performances at the end of our two-week camp giving everyone a chance to step into the “spotlight” and perform for family and friends. All roles will be determined by auditions in dance, voice and acting, conducted by our camp director. We will accept approximately 20 campers. The camp is held Monday through Friday 9:00 a.m. - 3:00 p.m. On Friday, July 21st there will be early dismissal due to the evening shows at 4:00 p.m. and 6:00 p.m. We offer 8:30 a.m. early drop-off at no charge.

Monday, July 10th – Friday, July 21st

Tuition: \$425.00 for 2 weeks

Full payment or a \$100 deposit per child is due at the time of registration. Please complete the Emergency Contact form on the back. There are no refunds on summer tuition; a credit will be applied to your account if necessary. All tuition balances must be paid in full by June 1st, 2017. Sibling discounts for families - 5% off tuition for 2nd child, 10% off tuition for 3rd child. A \$20 credit will be given to any family that refers a new student that registers for any of PMD’s summer camps or intensives. Please make sure your referral lists your name in the “how did you hear about PMD” section of their registration form. (Camp must meet minimum enrollment requirement.)

Student Name: _____ Birthdate: _____ Age: _____

Guardian/ Parent: _____

Address: _____ Town: _____ Zip Code: _____

Email: _____

Phone: Home: _____ Work: _____ Cell: _____

Current/Previous Dance Experience: _____

How did you hear about PMD’s Summer Dance Intensive? _____

STUDIO USE ONLY

Date Received: _____ Cash/Check #: _____ Amount Paid: _____ Balance Due: _____

OVER

EMERGENCY CONTACT & PHOTO RELEASE

Student Name _____

Please list any medical or developmental issues that would affect your child's participation in class at PMD

May the office staff give my child Tylenol or Advil if requested? Yes _____ No _____ Dosage _____

Emergency contacts (other than parents/guardian)

1)Name _____ Relationship _____ Phone _____

2)Name _____ Relationship _____ Phone _____

Photo Release - Paula Meola Dance & Performing Arts occasionally takes pictures and videos of students during classes, rehearsals, and performances. These pictures and videos may be used on our websites, social media sites and in publications. If published, PMD will not identify students' names or addresses unless a student is to be recognized for a particular reason.

Injuries/Waiver of Liability/Authorization for Parent or Guardian of Students - I understand that there is a risk of personal injury with rehearsals, practice and performances. I declare that my child listed above is in good health and physically capable of participating in classes, rehearsals and performances. I hereby waive and release any claim against Paula Meola Dance & Performing Arts, Inc. and its directors, officers, staff, employees, landlord, and contractors arising out of injury to my child occurring in connection with classes, rehearsals or performances, or otherwise occurring in or around the studio or other location of classes, performances, or rehearsals. I accept responsibility for obtaining appropriate accident, health, and hospitalization insurance to cover my child in the event of personal injury. In the event of an injury or other medical emergency, I hereby authorize representatives of Paula Meola Dance & Performing Arts, Inc. to seek any medical assistance reasonably required in their judgment and I agree to be responsible for the resulting medical & expenses.

Registrations are not complete without this signed form.

Parent/Guardian _____ **Date** _____