

February 2018



50 Leominster Road, Sterling, MA 01564 (978) 422-6989
office@paulameoladance.com www.paulameoladance.com

OPTIONAL EARLY DROP OFF CLASSES

PRIOR TO INTENSIVE



Morning Yoga, Stretch or Pilates classes will be held daily from 8:15-9:15 a.m. Students must register for an entire week. **Full payment is due at the time of registration. Registration forms must be received by July 1, 2018.** Summer tuition is nonrefundable and cannot be transferred to other camps, classes, or fall tuition. Any classes missed may be made up during our regular season as available.

Monday, August 13th – Friday, August 17th
8:15 a.m. – 9:15 a.m.

Tuition: \$60.00 per week

Student Name: _____ Birthdate: _____ Age: _____

NEW STUDENTS ONLY

Guardian/ Parent: _____

Address: _____ Town: _____ Zip Code: _____

Email: _____

Phone: Home: _____ Work: _____ Cell: _____

Current/Previous Dance Experience: _____

How did you hear about PMD's Summer Programs? _____

STUDIO USE ONLY

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

NEW STUDENTS ONLY

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 may be used on our websites, social media sites and in publications. If published, PMD will not identify student's 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** _____