



50 Leominster Road, Sterling, MA 01564 (978) 422-6989  
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# *Jr. Mini Dance Intensive*

Master classes in Ballet, Tap, Jazz, Musical Theatre, Modern, Hip Hop, Improvisation, Lyric, Pilates & more! Open to beginner and intermediate students ages 7 to 10.

**Intensive will conclude with a pizza lunch on Friday!**

*Monday, July 22<sup>nd</sup> – Friday, July 26<sup>th</sup>*

*9:30 a.m. – 12:30 p.m.*

**Tuition: \$195.00**

**A \$100 deposit per camp is due with registration. Registration forms and full payment must be received by July 1<sup>st</sup>, 2019.** There are no refunds on summer tuition. Deposits will be forfeited should you choose not to attend. Makeup classes may be done during our regular fall session as available.

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** \_\_\_\_\_