



SUMMER INTENSIVES 2016
WEEK: August 8-12
ACADEMY WEEK: July 18-22

STUDENT'S NAME: _____
 DATE OF BIRTH: _____ AGE (AS OF JAN. 1) _____
 PARENTS NAME(S): _____
 ADDRESS: _____
 HOME PH: _____ PARENT'S CELL PH: _____
 PARENT'S EMAIL ADDRESS: _____ HOW DID YOU HEAR ABOUT US: _____
 EMERGENCY CONTACT (NAME & PHONE) : _____
 ARE YOU A CURRENT STUDENT WITH PDA: _____ IF NOT, WHERE: _____
 WILL YOU BE AUDITIONING FOR OUR COMPETITIVE TEAM THE "ACADEMY": _____

This student is enrolling for the following Section:

REGULAR INTENSIVE:

2.5-5 yrs (9am-12pm) _____ 6-11 yrs (1pm-4pm) _____ Day(s) only: _____
 *must be potty trained

THE ACADEMY INTENSIVE:

PeeWee/Rec Academy _____ Junior/Senior Level _____ Need to audition _____

Special Requests/Notes: _____

FOR OFFICE USE ONLY:

INTENSIVE FEE

Amount: _____

paid

Date paid: _____

check # _____
 cash
 credit

I understand that my Intensive fee is non-refundable.

Pro Dance Academy has my permission to use any photos and videos which include the likeness of myself or my child for use on their printed studio materials and website. I agree to abide by all rules, regulations, and policies of the studio. Pro Dance Academy is not responsible for any loss, injury, or theft and I will not hold PDA responsible for any such occurrences.

Signature: _____

Date: _____