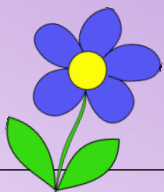


Watch your child beam
as they bop
and hop to
the beat!



Ages 5-8

Sunday April 17

12:30-2:00P

Call (610) 494-4610



Hip Hop & Bop Party!



Dance, Snack, Activities



\$10 per Hip Hopper!*

***\$5 each if you register with a friend who is new to our studio!**

Registration/payment required by April 13th



Paul Klocke Studio of Dance,
300 Turner Industrial Way,
Aston PA 19014

paulklocke.dance@verizon.net

www.paulklockedance.com



**Wear your favorite
Hip Hop outfit!**

Hip Hop and Bop

Fill out and bring to the studio by 4/13/2016

- Bopper Name: _____
- Age: _____ Birthdate: _____
- Health Concerns: _____
- Allergies: _____
- Parents Name: _____
- Address: _____
- City/State/Zip: _____
- Phone: _____
- Email: _____

Photo Release

I accept that the studio often takes pictures and videos of the students in class and in performance and that these pictures may be used in studio displays and promotional materials.

Medical Release

I the Parent/Guardian of the student registrant agree that the registrant and I consent to the registrant's participation in the PKSD physical programs and activities ("PROGRAMS"). Recognizing the possibility of physical injury associated with the PROGRAMS, and in consideration for the PKSD accepting the registrant for its PROGRAMS, I hereby release, discharge, indemnify, and hold harmless the PKSD, its affiliated organizations, and their employees, teachers, and associated personnel from and against any and all claims by or on behalf of the registrant as a result of the registrant's participation in the PROGRAMS. In my absence, I also request PKSD, through its staff, to obtain emergency medical care in the event that such care is necessary or appropriate in the opinion of the staff for the benefit of my child due to accident or illness. I promise to pay any treatment costs directly to the hospital, physician, or laboratory providing such care upon presentation of the bill to me.

Parent Signature _____ Date _____

\$10 per Princess or \$5 each if registering at the same time with a Friend who is new to our studio. (Note: staple your and your friend's form together.)

Amount Included _____

Office Use: Cash _____ Check _____ Credit Card _____