

# So You Think You Can Dance Series for ages 9-12



Or for the following classes:

- Levels 4, 5, and Intermediate A Ballet/Tap/Jazz,
- Lyrical Beginner, Lyrical 1, Modern 1, Hip Hop 1
- Intermediate B Ballet/Tap/Jazz\*



**Tuesdays 5:30-7:30- June 7, 14, 21, 28 & July 5**  
**Hip Hop, Lyrical, Contemporary, Ballet, Jazz**

Each week will feature a different style and routine - Hip Hop, Lyrical, Contemporary, Ballet, and Jazz. Within each class the students will begin with a technical warmup and then start learning combinations in the style of dance being featured. Everyone will then break for a quick snack and learn from professionals by watching videos of world class dancers performing in the featured style of the day. The class will finish with the students performing a dazzling dance choreographed for them.

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Health Concerns the studio should know about? \_\_\_\_\_

Food/Other Allergies the studio should know about? \_\_\_\_\_

☐ If the information below is already correctly on file with us, check the box to the left. If your information has changed (or you are not sure), fill in only the fields that need to be updated

Mother's First/Last \_\_\_\_\_ Father's First/Last \_\_\_\_\_

Street Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Emergency Name & Number \_\_\_\_\_

Mother's Cell Number \_\_\_\_\_ Father's Cell Number \_\_\_\_\_

Mother's Work Number \_\_\_\_\_ Father's Work Number \_\_\_\_\_

How did you find out about our studio? \_\_\_\_\_ Years you have studied? \_\_\_\_\_

Mark the Events you would like to attend.	6/7/16 Hip Hop	6/14/16 Lyrical	6/21/16 Contemporary	6/28/16 Ballet	7/5/16 Jazz



Register and Pay	Any 1 Class	Any 2 Classes	Any 3 Classes	Any 4 Classes	All 5 Classes	Amt Enclosed
By 3/24/16	\$29	\$56	\$79	\$99	\$115	
By 5/22/16	\$32	\$61	\$85	\$107	\$124	
After 5/22/16	\$35	\$66	\$93	\$116	\$135	

**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 social media promotional materials. If I do not want pictures taken, I will obtain and retain a copy of the Studio's "No Photo Form" that must be signed by both a parent (and/or Guardian) and the Studio Director.

**Medical Release:** I, the parent/guardian of the above named registrant agree that the registrant and I will abide by the rules of the Paul Klocke Studio of Dance ("PKSD"), and any of its affiliated organizations. 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.

**Signed (parent/guardian)** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

Make Checks Payable to: Paul Klocke Dance  
(Mastercard/Visa/Check/Cash accepted)

**Cancellation/Refund Policy:** If notified 28 days before first day of Camp - 80% refund given; if notified 14 days before first day of Camp - 50% refund given; 0-13 days before first day of camp - no refunds can be given.

For Office Use				
Check Number	Cash Receipt #	Credit Card Last 4 digits	Billed Fox	Payment Fox