|  |
| --- |
|  Registration Form  |
| Full Name: |  | Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  |  |
|  Last  | First | M.I. |
| Address: |  |  |
|  | Street Address | Apartment # |
|  |  |  |  |
|  | CityHome Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | State  | ZIP Code |
| Gender Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  |
| [ ]  | Male [ ]  Female |
|   |
| Email: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |
| Medical Conditions: No or \*Yes: \_\_\_\_\_\_\_\_ If yes, please give details and/or attach medical information.Dance Program you are currently a part of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prior Dance Training (continue on back if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How did you hear about the PKDC Summer Intensive? |
|  |  |  |
| [ ]  | Website [ ]  Facebook [ ]  Twitter [ ]  Friend [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  |  |
|  |  |

**Summer Intensive: July 21st-25th Monday-Friday 9:30 a.m. to 3:30 p.m. Ages 15+**

*Total Cost: $450 \*$100 non­refundable deposit to reserve placement. Total Payment due by July 1st*

**Liability Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby consent to my participation (or my child’s) in dance and fitness

 (please print name; if under 18, print parent's name)

classes, instructional programs, and other activities provided by Patricia Kenny Dance Collection. I recognize the risks of illness and injury inherent in any dance program. I am participating upon the express agreement and understanding that I am hereby releasing Patricia Kenny Dance Collection, its owner Patricia Kenny Reilly, and employers from and against any and all claims, demands, losses, damages, liabilities, lawsuits, judgments, awards, and costs, including without limitation attorney’s fees arising out of my participation in any and all parts of the Patricia Kenny Dance Collection Summer Intensive.

Signature of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent (for participants under 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Authorization of Medical Care:** In case of emergency or injury while participating, I authorize

medical care for myself or my child and accept responsibility for medical expenses. \_\_\_\_\_\_\_\_\_\_ (initial)

* **Picture Release:** I hereby give my consent for myself or my child to be photographed or

videotaped during any class or informal performance over the course of the intensive. \_\_\_\_\_\_\_\_\_\_ (initial)