



2018 Summer Registration Form

2nd thru 12th grade

Memorial Dance Center

9392 Gaylord Houston, TX 77024

713-468-5700

Today's Date: _____ Student # (office use only) _____

Last Name: _____ First Name: _____

Birthdate: _____ Grade (as of Aug): _____ Age: _____ Home #: _____

Address: _____ Zip: _____

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

Email address: _____

<p>2nd-4th graders Tap, Ballet, & Jazz</p> <p>Circle Camp(s)</p> <p>June 4-8 1:00pm-4:00pm</p> <p>June 11-15 9:00am-12:00pm</p> <p>June 18-22 9:00am-12:00pm</p> <p>June 25-29 1:00pm-4:00pm</p> <p>July 9-13 9:00am-12:00pm</p> <p>July 16-20 9:00am-12:00pm</p> <p>July 23-27 1:00pm-4:00pm</p> <p>Aug 6-10 1:00pm-4:00pm</p>	<p>5th graders & older 1:00pm-4:00pm</p> <p>Circle Camp(s)</p> <p>June 4-8 Jazz & Contemporary</p> <p>June 11-15 Musical Theater & Lyrical</p> <p>June 18-22 Jazz & Tap</p> <p>June 25-29 Jazz & Strength Conditioning</p> <p>July 9-13 Tap & Leaps/Turns</p> <p>July 16-20 Musical Theater & Lyrical</p> <p>July 23-27 Jazz & Strength Conditioning</p> <p>Aug 6-10 Jazz & Tap</p>	<p>Two Ballet Intensives will be held for Company dancers 6th grade & older. Dancers will need to bring an exercise ball.</p> <p>Circle Camp(s)</p> <p>June 4-8 9:00am-12:00pm</p> <p>Aug 6-10 9:00am-12:00pm</p>
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Each Camp/Intensive is \$225 each.

Cash \$ _____ Check \$ _____ Check # _____ Credit Card _____ Receipt # _____

If your class is canceled, we will refund your money. Otherwise, fees are non-refundable.

2018 Summer Enrollment Agreement

Camps

All dancers should wear their hair neatly and securely out of their face. Ponytails are recommended. Any leotard, tights or any other dance clothing that clings to the body is acceptable. Clothing must cover the knees. Hard soled, lace-up tap shoes should be worn for the tap classes. Musical theater camps will require tap and jazz shoes. Jazz shoes should be worn for all other camps.

Ballet Intensives

All dancers should wear their hair in a bun. Any color leotard and pink tights are acceptable. Pink, leather ballet shoes should be worn. Dancers will also need to bring an exercise ball to class each day.

Authorization of Emergency Medical Care

I hereby authorize the staff and director, representing Memorial Dance Center to give consent for any and all necessary emergency medical care for my child _____, while said child is in the custody of Memorial Dance Center personnel. I also hold Memorial Dance Center or any other Memorial Dance Center personnel harmless in such an event. Pertinent medical conditions my child has are:

Signature of Parent or Legal Guardian

Date

Photo Release

I, (parent name, please print) _____, give the Memorial Dance Center the absolute right and permission to use my (___) son's (___) daughter's photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct mail piece, electronic media (e.g. video, CD-ROM, Internet, World Wide Web), or other form of promotion. I release the Memorial Dance Center, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. Additionally, I will make no monetary or other claim against Memorial Dance Center for the use of the photograph(s)/video.

Student's Name (print full name): _____

Parent's/Legal Guardian's Name (please print): _____

Parent's/Legal Guardian's Signature: _____

Date: _____