

Try new classes without having to commit to a whole year!

2018 Summer Classes

July

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8 BLUE WEEK! Lyrical and Musical Theatre (Ages 8+)	9 5:30 – 6:30 Lyrical 6:30 – 7:30 Musical Theatre	10 5:30 – 6:30 Lyrical 6:30 – 7:30 Musical Theatre	11 5:30 – 6:30 Lyrical 6:30 – 7:30 Musical Theatre	12 5:30 – 6:30 Lyrical 6:30 – 7:30 Musical Theatre	13 5:30 – 6:30 Review 6:30 Performance for families	14
	15 YELLOW WEEK! Clogging and Pom (Ages 6+)	16 5:30 – 6:30 Beg/Int. Clogging 6:30 – 7:30 Pom	17 5:30 – 6:30 Beg/Int. Clogging 6:30 – 7:30 Pom	18 5:30 – 6:30 Beg/Int. Clogging 6:30 – 7:30 Pom	19 5:30 – 6:30 Beg/Int. Clogging 6:30 – 7:30 Pom	
22 GREEN WEEK! Hip Hop (Ages 7+)	23 5:30 – 7:30 Hip Hop	24 5:30 – 7:30 Hip Hop	25 5:30 – 7:30 Hip Hop	26 5:30 – 7:30 Hip Hop	27 5:30 – 6:30 Review 6:30 Performance for families	28
29 BOOT CAMP STARTS! (Ages 10+) (ends 8/22)	30	31 5:30 – 7:30 Boot Camp!	1 5:30 – 7:30 Boot Camp!	2	3	

*Register early as we are capping enrollment at 20 students per week!

Tuition Cost

- Color weeks = \$100 (Meets two hours Monday – Thursday, one hour Friday)
- Boot camp = \$150 (Meets two hours Tuesday & Wednesday for four weeks)

*Included in the price of tuition is a corresponding tank top (t-shirt for boys)

Different color tank top each week! Collect all the colors!

Small class size = individualized attention!

2018 Summer Classes – Registration Form

Email we should use: _____

*Please complete both pages of this form in order to be accepted

Summer Classes Registering For:



\$100 Blue Week (Lyrical and Musical Theatre)



\$100 Yellow Week (Pom and Clogging)



\$100 Green Week (Hip Hop)



\$150 Boot Camp (Int/Adv Clogging)

Dancer(s) Last Name	Home #	Cell #
Address	City, State, Zip	
Dancer(s) First Name(s)	Date of Birth	Age at sign up
Parent/Guardian Name:	Home #	Cell #
	Work #	
Parent/Guardian Name:	Home #	Cell #
	Work #	
Who to contact in case of an emergency?		
Any pertinent medical conditions?		

Liability Form

I, _____ (dancer/parent/guardian's name) hereby give permission for any and all medical attention to be administered to my child or myself in the event of accident, injury, sickness, etc..., under the direction of the physician(s) listed below or at any necessary emergency facility. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Physician's Name:	Phone:
Insurance Company:	Policy Number:

Read, Initial, and Sign Below

Liability Waiver:

I do not hold Northern Explosion Dance Studio and its staff responsible for any loss, damage, injury, or accident that may occur while at the studio. Northern Explosion Dance Studio is not responsible for any medical or hospitalization expenses that may result for an injury occurred at the studio or while being affiliated with the studio at an outside venue.

Photo Waiver:

I authorize Northern Explosion Dance Studio the right to use, public, reproduce for all purposes (exhibition, distribution, promotion, advertisement, etc...) the student's name and pictures in film or electronic (video) form without limitation.

Student Over 18	Signature
Print Name	Date

Parent/Guardian if under 18	Signature
Print Name	Date

Office Only:

Total Summer Class Tuition Total:

Notes:

Staff Processed: