

Summer Dance Camp for 6*-11** year olds



8:30am-2:00pm, Monday-Friday: July 23-27, July 30-August 3, August 6-10, 2012

Full intensive arts program will include a daily ballet class and many other fun activities such as creative dance with storytelling and dress-up, studies of other dance forms including hula, jazz, and folk dancing. Introduction to etiquette with a tea party, stage arts and crafts with an emphasis on creativity will be provided in a well-supervised and fun atmosphere!

Course held at Pacific Ballet Academy at 295B Polaris Ave., Mountain View, CA 94043

For more information, call (650) 969-4614

Due to potential allergies and dietary requirements, we are asking that all students bring their own bag lunches! Water only for drinks.

Students need to wear proper dance attire (black leotard & pink tights & slippers for girls, white shirt and shoes & socks, black shorts or tights for boys).

Registration for Summer Dance Camp-2012

Check which week(s) you wish to attend (between 1-3 weeks!).

Discounted rate for 2 or more weeks!

July 23-27:	_____ - \$275 (Firebird, Little Mermaid)	2 weeks:	_____ - \$525
July 30-Aug3	_____ - \$275 (Don Quixote, Lion King)	3 weeks:	_____ - \$750
August 6-10:	_____ - \$275 (Midsummer Night's Dream, Rapunzel)		
Total (please include payment) = _____			

Student's Name: _____ Birthdate*: _____

Previous training(if any): _____

Parent or Guardian: _____

Address: _____ City, Zip: _____

Phone #: _____ Emergency Phone#: _____

Email Address: _____

Agreement & Release: As parent/guardian of a student, I understand that ballet is physically demanding, that PBA does not provide health insurance, and cannot be responsible for any injuries or damage that may occur during participation. I consent to my child's participation in the program and any other activity related to the program, I agree that I will not institute any legal action or assert any claim against PBA for any injury or damage experience by the student. In any emergency situation, if I cannot be reached, I also hereby grant permission for a staff member of PBA to seek professional emergency medical treatment, and if medical treatment is required, this will authorize such assistance or treatment and I will be responsible for any charges. Class activities and performances may be photographed, filmed, and I release to PBA's owner and discretion the use of these materials.

Signature of Parent/Legal Guardian _____ Date _____

*** Minimum age - students must be entering 1st grade in the Fall ***

**** 9-12 year olds entering Level IV can also take the Summer Intensive Course from 9am-12noon, June 11-July 14. ****