

SUMMER INTENSIVE REGISTRATION

Please print legibly and complete Health History on back side also (required).

Today's Date _____ Date Student Begins _____ Student Ballet Level (if known) _____
Student Info: (please check one) New Student (requires placement audition) Returning Student
Name _____ DOB _____ Current School _____

Studio attending if not regular PDT student. Take audition class for placement. _____

Parent/Guardian Info:

Parent/Guardian(s) Name(s) or Self _____
Address _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ (please indicate whose phone numbers they are)
E-mail Address _____

SELECT INTENSIVE:

- | | |
|---|--|
| <input type="checkbox"/> Princess and Pirate (\$110 or \$99 if paid by May 1, 2011) | <input type="checkbox"/> Pre-Professional - Session Two - All Four Weeks (\$900) |
| <input type="checkbox"/> Young Dancer (\$360) | <input type="checkbox"/> Week One (\$250) |
| <input type="checkbox"/> Pre-Professional - Session One (\$400) | <input type="checkbox"/> Week Two (\$250) |
| | <input type="checkbox"/> Week Three (\$250) |
| | <input type="checkbox"/> Week Four (\$250) |

Apply 10% Discount (for all but 4-week Pre-pro) _____

Total Amount Due: _____

Policy Agreement: I understand and agree to comply with all policies and procedures of the Philadelphia Dance Theatre. It is understood that the applicant is enrolled for the entire semester; no deductions, credits or refunds will be made for absence or withdrawal, voluntary or involuntary, unless for medical reasons or for dismissal by the Director for any reason whatsoever if deemed to be necessary in the best interest of the school.

Signature: _____

- I have enclosed a \$100 registration deposit to hold a place. This deposit is deducted from the tuition. I understand that the entire balance of tuition is due on the FIRST day of the intensive.
- I am including a donation of _____ towards the Student Scholarship Fund.
- My check is enclosed, made payable to PDT
- I would like to pay via VISA / MC / AMEX (please circle one)

Credit card # _____ Exp. date _____

Signature _____

Mail forms (with payment enclosed) to:
Philadelphia Dance Theatre
Baird Hall - Suite 102
7500 Germantown Avenue
Philadelphia PA 19119



Questions?
please call 215.247.4272

Turn over for Health History Form →

STUDENT HEALTH HISTORY

Due to the highly physical demands of dance it is necessary to provide the following information. While dance is an art form, it can also be strenuous and even cause pain and serious injury. Therefore it is necessary that each dancer and/or their guardian understand these risks. Philadelphia Dance Theatre and its teachers will not be held responsible for any personal injury incurred by students. By signing this form you also agree not to hold the School or its teaching staff responsible for any injuries that the student below may incur while dancing at our studios. Please remember that all information will be considered confidential.

Student's Name _____

Emergency Contacts:

1. _____ (_____) _____

2. _____ (_____) _____

List any known allergies:

List all conditions being monitored by a physician including seizures, heart conditions, learning disabilities, emotional difficulties, etc.

List any special instructions in the event of a health crisis:

In case of significant illness/accident, and the emergency contact cannot be reached does the school have permission to seek professional medical attention via ambulance or transport to an emergency facility? Y N

MEDIA RELEASE: I give my permission for photographs or television footage which includes my child or myself to be used for promotional purposes on television, newspaper, magazines or any other media.

Signature: _____

I (student/parent or legal guardian) verify that the above information is accurate and complete.

Signature: _____ Date: _____