



EVOLVE DANCE COMPLEX SUMMER DANCE 2018 REGISTRATION FORM

Mail to: EDC 20411 Perry Hwy- Ste. 12 Cranberry Twp PA 16066

Student Name _____ Date Of Birth _____

Age _____ Years of Dance Experience _____

Parents Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Contact

Phone _____

Email _____

Please read and sign the following policies and releases:

Summer Dance Tuition Refund and Cancellation Policy: Tuitions and Registration fee for Evolve Summer Dance Programs/Classes are NONREFUNDABLE FOR ANY REASON. By signing this form you agree to pay the FULL tuition of the summer dance program(s) indicated on this form.

Insurance Agreement: I agree to release, discharge, and hold harmless Evolve Dance Complex and its staff, instructors and independent contractors of and from any claims, demands or liability of damage and/or injury arising from the participation of my child in any programs/classes of Evolve Dance Complex. In the event my child becomes injured and/or ill, I authorize the staff of Evolve Dance Complex to obtain medical attention for my child at a physician's office or hospital. I understand that every effort will be made to reach me before medical permission is given to treat my child. My child has the following insurance coverage:

Insurance Company: _____

Insurance Phone Number: _____ Group #: _____

Medical Conditions or Allergies: _____ Yes _____ No

If yes, please describe in detail:

PHOTO/VIDEO RELEASE: By initialing here, I give permission for photographs/video clips of my child in dance class or performances to be used in promotional material for Evolve Dance Complex in both print and web publications/media. Approve _____ Disapprove _____

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I have read this form in its entirety and agree to all of the above.

Parent Signature:

_____ Date: _____

JUNE 25-27 the "EVOLVE DANCE EXPERIENCE" CAMP

Creative Movement (ages 3-5) Monday/Wed 5:00-5:30 \$25.00 (or \$12.50/class)

Beginner- Ages 5-8 5:30-7:30 M-W \$95.00

Intermediate Level - 5:30-8:30 M-W \$125.00

Advanced- 5:30-8:30 M-W \$125.00

JUNE 28-JULY 1 EDC SUMMER GUEST DANCE INTENSIVE

THURSDAY-SUNDAY THUR/FRIDAY 5:15-8:45 SAT/SUN 11:30-3:00

(BASED ON DANCE LEVEL... NOT AGE)

INTERMEDIATE AND ADVANCED LEVELS PRICING

\$325.00 4 DAY INTENSIVE!!!!

\$295.00 3 DAYS

\$100/DAY 1 AND 2 DAY RATE (NO INDIVIDUAL CLASS RATE AVAILABLE)

AUGUST 21-23 EDC DANCE BOOT CAMP WEEK!!

2018 COMPETITIVE TEAM EVALUATIONS

(Dancers must attend FULL 3 DAYS of camp to audition- faculty will work on technique and choreography and students will be evaluated during camp days).

FEE: \$105 STARLETS (MINI) COMPANY (Ages 4-7) 5:30-7:30P M-W

FEE: \$125 INTERMEDIATE/ ADVANCED COMPANY 5:30-8:30P M-W

EVOLVE SUMMER DANCE SESSIONS PRICING: *NEW PRICING*

(YOU MAY PICK YOUR WEEKS IN ADVANCE- PLEASE MARK WEEKS ATTENDING ON FORM) SEE SCHEDULE FOR WEEKS OFFERED

beginner/intermediate/advanced sessions pricing

1 WEEK - \$95.00

2 WEEKS- \$150.00

3 WEEKS- \$215.00

4 WEEKS- \$255.00 (BEST DEAL!!)

CREATIVE MOVEMENT \$15.00/CLASS OR \$55.00 4 WEEK SESSION

MINI COMBO 20.00/CLASS OR \$65.00 4 WEEK SESSION

Tuition_____ + \$25 Summer Registration Fee (ONE TIME FEE FOR 1 OR MORE SUMMER CAMPS (\$35.00/FAMILY REGISTRATION FOR 2 OR MORE DANCERS)

Total_____

Paid : Cash_____ Check_____ Credit (3% fee added)

EVOLVE DANCE COMPLEX
Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND
RETURN TO US WITH REGISTRATION FORM

Cardholder Name:

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____

Discover _____

Credit Card Number:

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of
the credit card): _____

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the agreed
amount listed above to my credit card provided herein. I agree
that I will pay for this purchase in accordance with the issuing
bank/ cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Print: _____

Sign: _____

Date: _____

