

TRIPLE THREAT PAC SUMMER DANCE INTENSIVE

*DO YOU WANT TO BE CHALLENGED THIS SUMMER?
WE TAKE OUR DANCERS TRAINING TO THE NEXT LEVEL WHILE BRINGING OUT
THEIR TECHNIQUE AND ARTISTRY.*



**BOYS
DANCE TOO!**



Tuesday July 19th, Wednesday July 20th, Thursday July 21st
5:00-8:00pm
(Ages 11 and up)

REGISTRATION IS NOW OPEN!

(Fill out registration form and return with registration fee. Camp fee is due by 1st day of camp. Registration fee includes a small gift.)

**Triple Threat PAC
Summer Dance Intensive Registration Form**

Registration Fee \$20 per dancer

TTPAC Sumer Dance Intensive Fee \$250 per dancer
(This includes all 3 days or \$100 per day.)

Dancer's Name _____

Dancer's Birthdate _____

Parent/Guardian First/Last Name _____

Home Address _____

Phone # _____

Emergency Contact Information (Please provide another person other than parent/guardian.)

Name _____

Relationship to child _____

Phone # _____ - _____

Medical Information (Please indicate anything TTPAC should be notified about.)

Allergies _____

Other Medical Concerns _____

Registration Fee _____ **Camp Fee** _____

Triple Threat Performing Arts Company

Informed Consent for Children's Dance Class 2021-2022

Child's Name: _____ Child's Date of Birth: _____

Mother's Name: _____ Father's Name: _____

The dance/acro session your child will be involved in at Triple Treat Performing Arts Company will consist of a warm-up portion and a dance technique portion. The exercise and dance/acro steps consist of movements which utilize small and large muscle groups. The dance/acro steps will include stationary and traveling movements. During this session your child may experience local muscular soreness and slight fatigue. These minor discomforts may appear in the early stages of the program, however as the conditioning process continues with regular attendance in the dancing/acro session, they should disappear.

I (Parent/Guardian's Name) _____ volunteered my child _____ to participate in a program at Triple Threat Performing Arts Company of progressive physical exercise/dance/acro. I waive any possibility of personal damage which may be blamed on such a program, instruction, or facility in the future and accept the full responsibility for requesting such dance/acro classes and assistance for my child.

I (Parent/Guardian's Name) _____ have completed the Triple Threat Performing Arts Company Medical form and to my knowledge my child _____ does not have any limiting physical condition or disability which will preclude a dance program. (Refer to Medical Form)

I (Parent/Guardian's Name) _____ have answered the preceding questions to the best of my ability. I understood all the questions asked about my child and have given the opportunity to have any of my concerns clarified to satisfaction. I further understand that a thorough and honest response to these questions is essential to the safety and prudent recommendation from the Fitness/Dance/Acro Director. I have volunteered my child _____ to participate in the dance/acro classes and assistance for my child.

I (Parent/Guardian's Name) _____ will not hold Triple Threat Performing Arts Company responsible for any injuries my child _____ or myself.

I (Parent/Guardian's Name) _____ will not hold Triple Threat Performing Arts Company, Director, staff, faculty, or any employee responsible for any injuries that may occur during the dance season to my child _____ or myself.

I (Parent/Guardian's Name) _____ am allowing Triple Threat

Performing Arts Company to take photographs/videos of my child. I am allowing Triple Treat Performing Arts Company to use any photographs/videos of my child _____ to be put on Facebook, Instagram, TTPAC website, or be used for any advertisement for the studio.

Parent/Guardian's Signature