

 **HINTZE DANCE CENTER**

[www.hintzedance.com](http://www.hintzedance.com)

4 DAY

## SUMMER - DRILL TEAM BOOT CAMP

*Jazz - Pom - Kick - Lyrical - Hip Hop - Contemporary - Turns & Leaps*

Please Select the Camp(s) that will be attended:

**\_\_\_\_\_ June 8-11, 2020 HDC - 15104 Spring Cypress Rd (281)246-1250**

 **Grades 8th thru 12th**

 Time: 9:00am – 1:00pm

**\_\_\_\_\_ June 15-18, 2020 HDC - 9212 Fry Rd. (281)246-4888**

 **Grades 8th thru 12th**

 Time: 9:00am – 1:00pm

**\_\_\_\_\_ June 22-25, 2020 HDC - 15104 Spring Cypress Rd. (281)246-1250**

**Grades 8th thru 12th**

Time: 9:00am – 1:00pm

**Total Price for One Week:** $199.00

\*\*Please Bring Your Own Lunch\*\*

Dancer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in Fall of 2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Phone #’s: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use:**

Date paid\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment method \_\_\_\_\_\_\_\_\_\_\_\_\_

Checks payable to: **Hintze Dance Center**

# RELEASE STATEMENT – Parent, Guardian, or Adult Student

In consideration of the benefits derived from Hintze Dance Center (HDC), I do hereby agree to indemnify and hold harmless, release, and discharge HDC and its staff from any and all claims of personal injuries or property loss or damages sustained by me/my child while participating in activities with HDC and its staff. I authorize emergency first aid care for myself/my child in the event that I/(s)he becomes ill or injured while attending HDC activities. I further authorize HDC and its staff to retain the services of an MD or other qualified medical personnel to treat me/my child in the event of a medical emergency. I agree to inform HDC in writing of any physical limitations and/or medical conditions that I/my child has, whether or not those conditions restrict my/my child’s full participation. I/My child may decline to participate in any HDC activity with prior written notice of at least 14 days to HDC. I give exclusive permission for HDC to use photographs and/or video images of me/my child for advertising and marketing purposes.

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_

Revised 1-29-2020