



EAGLE
PERFORMING ARTS
CENTER

Eagle Performing Arts Center

2023 Summer Programs Registration Form 1.1.2023

Student Name: _____
 Student Birthdate: _____ Age: _____
 Parent(s) or Guardian Name: _____
 Address: _____
 City/State: _____, _____ Zip: _____
 Email: _____ Mobile #: _____

Summer Programs

Sign up and pay in FULL by April 30th to receive a 10% discount. **Full tuition due by first day of class.**

DANCE CAMPS (There must be a minimum of 5 dancers in order to hold a Camp)	10% Disc	Tuition
_____ Week 1 - Pre-Ballet/Kinder: June 19 - June 23 (Mon - Fri)	1 Week	1 Week
_____ Week 1 - Ballet 1 & 2: June 19 - June 23 (Mon - Fri)	\$135	\$150
_____ Week 2 - Pre-Ballet/Kinder: June 26 - June 30 (Mon - Fri)	Both	Both
_____ Week 2 - Ballet 1 & Ballet 2: June 26 - June 30 (Mon - Fri)	Weeks	Weeks
	\$180	\$200
SUMMER INTENSIVE - Beginner/Intermediate Level	10% Disc	Tuition
_____ 1 Week Option: June 19 - June 23 Mon - Fri 10:00am - 2:00pm	\$270	\$300
_____ 2 Week Option: June 19 - June 30 Mon - Fri 10:00am - 2:00pm	\$405	\$450
SUMMER INTENSIVE - Intermediate/Advanced Level	10% Disc	Tuition
_____ Level 1: June 5 - June 17 Mon - Fri 9:00am - 4:00pm Sat 10:00am - 2:00pm	\$720	\$800
_____ Level 2: June 5 - June 17 Mon - Fri 9:00am - 4:00pm Sat 10:00am - 2:00pm	\$720	\$800
_____ Boys Level: June 5 - June 17 Mon - Fri 9:00am - 4:00pm Sat 10:00am - 2:00pm	\$720	\$800
TAP SUMMER INTENSIVE	10% Disc	Tuition
_____ July 2023 (Dates TBD)		
OPEN CLASSES - Beginner/Intermediate/Advanced Ballet Classes	# of Classes	Tuition
Dates: June 19th to August 18th	Single	\$20
_____ Beginning / Intermediate Level (ages 9 - 12) Tue / Thur 10:00am - 11:30pm	5	\$85
_____ Intermediate / Advanced Level Mon / Wed / Fri 10:00am - 11:30pm	10	\$160
(Current B6, 6B, 7, 7B, PD's or by placement)	20	\$280
NEW STUDENTS - Registration Fee	10% Disc	Fee
_____ New students to Summer Intensive pay a non-refundable \$50 summer registration fee	N/A	\$50

Signature required on back of page.

Total Due with Registration: \$ _____

Please check one: Payment Method

Cash

Check # _____

Credit Card

Make checks payable to: EPAC

Card #: _____

Exp. Date: _____ CVV #: _____ Billing Zip Code: _____

Signature: _____

MEDICAL CONSENT -

In the event of injury, I hereby authorize the program officials of the Eagle Performing Arts Center to arrange for medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release the Eagle Performing Arts Center and all others from all liability in taking such action, including all action which maybe contrary to personal religious beliefs. I, the undersigned, have read this Release and Consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

LIABILITY RELEASE -

I do hereby agree to release the Eagle Performing Arts Center and all other cooperating agencies, employees, officials, or managers thereof, from all liability for damages by reason of injures or property damages that may be sustained as a result of participation in this program.

PHOTO RELEASE -

I, the undersigned, hereby give Eagle Performing Arts Center, its agents, and/or assignees permission to use the photographs, videos, or any reproductions of my physical likeness taken of me in any manner it deems proper. I relinquish all rights, title, and interest I may have in the finished pictures, negative, and copies. I waive the right of prior approval and hereby release Eagle Performing Arts Center, its agents, and/or assignees from any and all claims from damage of any and all kinds based on the use of said material. I hereby warrant that I am a parent or legal guardian of the subject of photography, who is under eighteen years of age, and am competent to act in his/her behalf insofar as the above is concerned.

WAIVER COVID -

I do hereby agree I will not hold Elizabeth Keller, Eagle Performing Arts Center, EPAC LLC or its agents employees, or representatives liable for injuries sustained or illnesses contracted by a student at the school.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____



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