



EXCELSIOR SCHOOL *of* DANCE  
AND PERFORMING ARTS

# SUMMER DANCE INTENSIVE

ESD NEW Level 5 - Level 9

Five wonderful days of ballet, lyrical, conditioning, choreography, and costuming with Miss Peyton! **Two dances to be performed in studio on Friday, July 15th at 12:30pm**, including an internationally traveled *Ballet Excelsior of Houston* company dance, and a new contemporary worship dance.

**INTENSIVE SCHEDULE:** July 11th - July 15th

Mon/Wed/Fri: 9:30am - 2:30pm

Tue/Thur: 3:00pm - 8:00pm

**SAVE \$50.00 if you Register with full payment by June 20th**

**SHOWCASE: FRIDAY 12:30pm**

**Physical Address:** 28555 Robinson Rd, Conroe, TX 77385 | **Mailing Address:** 435 Springwood Dr, Conroe, TX 77385 | [www.excelsiordanceschool.com](http://www.excelsiordanceschool.com) | [excelsiorschoolofdance@gmail.com](mailto:excelsiorschoolofdance@gmail.com)

Student Name: \_\_\_\_\_ Parents Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ **STUDENT CELL:** \_\_\_\_\_

ESD Ballet Grade/Level: \_\_\_\_\_ Last Exam Passed/Year of Exam: \_\_\_\_\_

**If new to ESD:** Number of years Danced: \_\_\_\_\_ Where & Type of dance: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (HM) \_\_\_\_\_ (WK) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email(s): \_\_\_\_\_

Due to the nature of the exercises taken by the students of dance school, parents are warned that children suffering from asthma, orthopedic injuries, or degenerative back complaints should seek the advice from an appropriate medical practitioner or specialist before enrolling a student in the dance school. All reasonable care will be taken for the welfare of the students: however, in the case of injury or accident, the school will assume no responsibility. In the event of a medical emergency, and where a parent cannot be contacted, I authorize Excelsior School of Dance to seek medical advice and treatment.

This agreement fully represents all terms and considerations and no other statements, conditions, or promises are made in conjunction with this release form. I give permission to *Excelsior School of Dance* to use, without charge and without reservation, my likeness in any medium and for any lawful purpose, including promoting the institution, its programs and services. I waive any rights of action I may have and release *Excelsior School of Dance* and its licensees from any and all claims I may have arising from use of my likeness, including any rights to sue for defamation or violation of my rights of privacy or publicity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Intensive Tuition: \$400.00** (Deduct \$50.00 if paid in full by June 20th)

**Registration Fee: \$10.00**

Total Amount Due/Paid: \$ \_\_\_\_\_

Payment Method: Cash: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Total on Check: \$ \_\_\_\_\_