



AN INTENSIVE FOR TEENS AT THE JEANNETTE NEILL DANCE STUDIO

A rewarding and enriching program specifically designed for teens, featuring some of the nation's most gifted dance educators.

Monday through Friday

July 17th - August 4th

BEGINNING/INTERMEDIATE

9:30 - 11:15 Modern

11:30 - 1:15 Ballet

2:00 - 4:00 Styles

INTERMEDIATE/ADVANCED

9:30 - 11:15 Ballet

11:30 - 1:15 Modern

2:00 - 4:00 Styles

(Styles class may include Jazz, Theatre Dance, Contemporary and Hip Hop)

Tuition: \$410/week or all three weeks for \$1150

Plus \$35 non-refundable registration fee

The Jeannette Neill Dance Studio, 261 Friend Street, Boston • 617.523.1355

Powered by Dance!

Registration Form

Classes fill quickly. To register, please complete this form and release form and mail to the address below.
Please print clearly.

Name: _____ Age & D.O.B.: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Dance studio affiliation: _____

Address: _____

Years there: _____ Contact name: _____ Phone: _____

Indicate level of training: Beginner/Intermediate _____ Intermediate/Advanced _____

Please register me for:

July 17th _____ July 24th _____ July 31st _____ All Three weeks _____

\$410/week or three weeks for \$1150 plus \$35 non-refundable registration fee.

Registration fees are not refundable. Participants who withdraw prior to June 12th, 2017 will receive a full tuition refund.

Participants who withdraw prior to July 3rd, 2017 will receive a 50% tuition refund.

No refunds will be issued after July 3rd, 2017.

Requests for refunds must be made in writing, addressed to Program Director, Tommy Coye, and postmarked before above deadlines.

I have enclosed full tuition payment in the amount of \$ _____

PLUS \$35 non-refundable registration fee for a total of \$ _____

Please note: *registration will not be processed without a signed release form.*

Credit card type: _____ Number: _____

Expiration Date: _____ Security Number: _____

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Powered by Dance Release Form

By signing below, I hereby give permission for my child, (print name)

to study dance at The Jeannette Neill Dance Studio, Inc. The teachers of Powered by Dance and The Jeannette Neill Dance Studio, Inc., are competent dance professionals and are careful to give material appropriate to the level of each student. However, I understand that since dance is a physical activity, injuries may occur. Therefore, Powered by Dance, The Jeannette Neill Dance Studio, Inc., and its instructors will not be held liable for personal injuries or loss of or damage to personal property. I understand that my child may decline to participate in any activity that he/she may deem to be harmful. He or she is also responsible to inform the instructor and program administration of any physical limitations that may prevent full participation in class.

Parent/Guardian Name (please print)

Relation to Student

Signature

Date

Address

Emergency Contact (put same if same as parent)

City, State, Zip

Emergency telephone

Home Phone

Parent E-mail (main contact)

Cell Phone

Please list and describe any pre-existing medical conditions, allergies or medications: