



Drill Team Summer Intensive

*Jazz Technique*Hip Hop *Contemporary
*Kick *Pom/Military* Flexibility * Leaps & Turns

June 12, June 13, June 14

1:00-8:00

\$250.00

Dancer's Name: _____ Grade in Fall 2018: _____ School: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Cell Phone: _____

E-Mail _____

AUTHORIZATION OF EMERGENCY MEDICAL CARE

_____ I hereby authorize the staff and director, representing Dance Central, LLC to give consent for any and all necessary emergency medical care for my child _____, while said child is in custody of Dance Central, LLC personnel. I also hold Dance Central, LLC and/or Dance Central, LLC, personnel harmless in such an event.

Pertinent medical conditions my child has are: _____

*This Intensive is intended toward students in High School & Junior High

** Please bring snacks and water.

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281-304-9282