



Kids Dance Clinic 2019

Ignite your inner dancer as you train and perform with the DXP Company dancers!

** No previous dance experience required **

**A great experience for any aspiring dancers who are interested in dancing on a team, or children who love to perform! **

Clinic

Saturday, April 6th
11:30-1:30 pm
DXP2

Ages 4-7
Ages 8-12

Commitment

Registration Fee: \$40

Includes 2 hours of training and fun with DXP Company Directors, 1 dancer ticket to BRAVO!, a Dance Xplosion performance t-shirt, your own full-scale performance and exclusive backstage VIP experience at Dripping Springs High School Performing Arts Center!

Performance

Sunday, April 7th
4:30pm "Group" Show Start
(Clinic Dancers Arrive at 3:30pm)

Dripping Springs
Performing Arts Center
940 W Hwy 290

General Information:

- The BRAVO! Kids Dance Clinic will be a fun afternoon of dance! Dancers will learn basic dance terminology and techniques, get a feel of what it's like to be involved in a team, learn a routine to be performed at DXP's BRAVO! Company Showcase and will participate in fun dance-related activities!
- All participants will perform at our annual BRAVO! Showcase located at Dripping Springs High School Performing Arts Center on Sunday, April 7th, 2019.
- NOTE: *All registered participants should attend BOTH the Clinic and the BRAVO Showcase, as formations and performance routine depend on all dancers. Registrants will not be able to perform without attending the clinic.*

VIP Backstage Experience!

- All clinic dancers will receive a VIP pass to experience a unique tour of the theatre prior to the show, complete with light and sound demos, exclusive access to company events pre-show, and more!

What to Wear:

- For the clinic, all participants should wear any moveable athletic attire, any color jazz shoes or ballet shoes and have hair pulled neatly away from the face. If your dancer does not have dance shoes, your dancer may borrow from another dancer or attend the clinic barefoot.
- For the clinic, please pack a water bottle with your child's name written on it and a light, healthy snack.
- For the BRAVO! performance, participants will wear a black leotard or tank top, their Clinic T-shirt (provided during VIP backstage tour), Black Jazz Pants or Capris and Black or Tan Jazz Shoes. Hair should be parted over the dancers left eye and pulled cleanly back into a low ponytail.

Questions?

Contact Tiffany: Tiffany@DanceXplosionAustin.com

512-301-9222



2019 BRAVO! Kids Dance Clinic Registration Form

Student #1 (first and last): _____

Current Student – check here. Skip to Payment section below

Birthday: ____/____/____ Male or Female: _____

Does your child have any allergies or consistently take any medications? (insect stings/bites, foods, medications...)?

Yes _____ No _____ If yes, please list them: _____

Does your child have any medical or special needs in which you feel we should be aware of?

Yes _____ No _____ If yes, please list them: _____

Student #2 (first and last): _____

Current Student – check here. Skip to Payment section below

Birthday: ____/____/____ Male or Female: _____

Does your child have any allergies or consistently take any medications? (insect stings/bites, foods, medications...)?

Yes _____ No _____ If yes, please list them: _____

Does your child have any medical or special needs in which you feel we should be aware of?

Yes _____ No _____ If yes, please list them: _____

Family Information

Parent / Guardian Name(s): _____

Home Address: _____ / _____ / _____
(street address) (city) (zip)

Phone #: (_____) _____ Alternative Phone #: (_____) _____

Parent Email (required): _____

Emergency Contact: _____ Emergency Phone #: (_____) _____

How did you hear about us? _____

Payment

Student Name	Student Age Group	Cost
		\$
		\$

***All payments are non-refundable**

IF we are informed of a need to withdraw from the clinic at least 3 days prior to the event (by April 3), a full credit will be applied to your account that can be used towards future classes. No cash or credit refunds can be given. After April 3rd, no credits will be provided for any reason.

AMOUNT DUE NOW \$



Dance Xplosion, LLC - Studio Waiver

In consideration of your acceptance of the enrollment, I, intending to be legally bound, do hereby waive, release, and forever discharge all rights and claims against Dance Xplosion, LLC and/or involved staff for damages or injury sustained by me or my child while in classes or on studio premises before or after class, or at any other studio activities including but not limited to recitals, workshops, camps, intensives, competitions, performances, and visits to surrounding community businesses. I authorize and agree to hold harmless Dance Xplosion, LLC, to obtain medical emergency assistance when they deem necessary and for Dance Xplosion LLC to provide transportation to receive such medical assistance for myself and/or my child named below.

I further agree to be financially responsible for all medical services provided to me and/or my child named below, including the cost of defense and enforcement of this indemnity agreement.

I understand and agree that Dance Xplosion LLC and staff may administer first aid on Dance Xplosion premises in the event of minor injuries. Guardians will be notified if basic first aid is provided to any child.

I authorize Dance Xplosion LLC to use photos and/or video taken of me or my child while at dance or dance functions for marketing and promotional materials, including website. Please note that Dance Xplosion, LLC agrees to not make public or resell any private information provided to it by students and their families.

I have read the foregoing Studio Waiver and agree with it in all respects.

Student Name(s): _____

Guardian Name (printed): _____

Guardian Signature: _____ Date: ____/____/____

Rcvd. Waiver Sig & Info OR on file from w/in year ____ Rcvd Reg. Form ____

CHECKS: Please make checks out to "Dance Xplosion"

CREDIT CARDS BY MAIL or FAX, please fill in below (no phone payment/enrollment unless on autopay):

**All Credit Card payments: Add 3% merchant fee to total (Totals: Single student = \$41.20 Two students = \$82.40)*

PLEASE CHARGE TO AUTOPAY CARD THAT DANCE XPLOSION CURRENTLY HAS ON FILE

Card Type: VISA / MasterCard / Discover 3-Digit Code: _____ Expiration Date: ____/____/____

Card #: _____ Amt to be charged: \$_____

Card Holder Name (as seen on card): _____ Billing Zip: _____

Signature: _____ Date: ____/____/____

OFFICE
 -Enter info (Special Event) & pymt in SD
 -Stamp Reg Form & Slip
 -Slip & Form = blue bin -Waiver = black bin