



Eagle Performing Arts Center

2026 Summer Programs Registration Form

REV 2.10.26

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
Ages 3.5 - 4 Monday - Friday 9:30am - 12:00pm ___ June 15 - 19: "Princess & Villain Camp" ___ June 22 - 26: "Storybook Camp"	1 Camp \$189	1 Camp \$210
Ages 5 - 7 Monday - Friday (2 times available) ___ June 15 - 19: "Princess & Villain Camp" ___ 12:30pm - 3:00pm ___ June 22 - 26: "Storybook Camp" ___ 3:30pm - 6:00pm	2 Camps \$315	2 Camps \$350
SUMMER INTENSIVE - Beginner & Intermediate (2025/26 Ballet 3 & Ballet 4)	10% Disc	Tuition
___ 1 Week Beginner/Intermediate June 15 - 19 (Mon - Fri 10:00am - 2:00pm) (Last year's Ballet 3/Ballet 4 or by placement)	\$428	\$475
SUMMER INTENSIVE - Advanced Level 1 & 2 (2025/26 Ballet 5 - PD)	10% Disc	Tuition
___ Level 1: June 1 - June 13 Mon - Fri 9:00am - 4:00pm Sat 10:00am - 12:00pm	\$855	\$950
___ Level 2: June 1 - June 13 Mon - Fri 9:00am - 4:00pm Sat 10:00am - 12:00pm	\$855	\$950
___ Partnering: June 8 - June 13 Mon - Fri 9:00am - 4:00pm Sat 10:00am - 12:00pm	\$428	\$475
TAP SUMMER INTENSIVE	10% Disc	Tuition
___ June 15 - 19 (Ages 10 and older) Mon - Fri 1:00pm - 4:00pm	\$270	\$300
OPEN CLASSES (Ballet 3 - PD)	Pricing	
June 22 - August 7, 2026: Mon - Fri 10:00am - 11:30am ___ Mon/Wed/Fri (Advanced Level: Ballet 7 - PD) ___ Tue/ Thu (Beginner/Intermediate Level: Ballet 3 - Ballet 5)	___ 1 Class: \$25 ___ 5 Classes: \$100 ___ 10 Classes: \$180 ___ 20 Classes: \$320	
NEW STUDENTS - Registration Fee	Fee	
___ New students to Summer Intensive pay a non-refundable \$50 summer registration fee	\$50	

Signature required on back of page.

Total Due with Registration: \$ _____

Please check one: Payment Method

Cash

Check # _____
Make checks payable to: EPAC

Credit Card

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.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

