

THE KATIE BENSON SCHOOL OF DANCE

P.O. Box 61 Montoursville, PA 17754 570-368-8084 www.katiebensondance.com



SUMMER ACRO CAMP
with **MISS JAMIE**

Improve skills, strength & flexibility

Level 1 5:00-5:45
Level 2* 6:00-6:45

*MUST HAVE BRIDGE KICKOVER TO BE ELIGIBLE FOR LEVEL 2

Ages 5+ (entering kindergarten in the fall)

Cost \$50

4 WEEK PROGRAM
JUNE 9, 16, 23, 30

CONTACT MISS JAMIE WITH ANY QUESTIONS
jburnsdance5678@gmail.com

THE KATIE BENSON SCHOOL OF DANCE

4 Week Acro Camp

June 9th, 16th, 23rd, 30th

Level 1 5-5:45 pm

Level 2 6-6:45 pm

(Level 2 kids must have bridge kickover.)

For students 5+(must be entering kindergarten in the fall).

Cost-\$50

Open to the public!

Mail form with payment to PO Box 61 Montoursville PA 17754
by June 2nd, 2025

Email Miss Jamie at jburnsdance5678@gmail.com with any questions.

STUDENT NAME: _____ AGE _____ BIRTHDATE _____ GRADE _____

PARENT/GUARDIAN/EMERGENCY CONTACT(S): _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____ E-MAIL: _____

HOLD HARMLESS AGREEMENT: I, _____, understand that participation in, and the movements involved with, the dance and Acro programs carry with it a risk of injury. Therefore, I hereby waive and release *The Katie Benson School of Dance* from any and all liability for any injuries or illness incurred by the above referenced child (children) while enrolled in the dance and Acro programs.

SIGNED/PARENT OR GUARDIAN: _____ DATE: _____

MEDIA RELEASE: From time to time photographs may be taken and articles may be written about various activities here at *The Katie Benson School of Dance*. This may include pictures and news articles, advertisements, and promotional announcements in newspapers, magazines, radio and/or TV, internet and on Facebook. May we have your permission to use photos taken of your child?

PLEASE INITIAL YES: _____ NO: _____

SIGNED/PARENT OR GUARDIAN: _____ DATE: _____