

Summer Camp:

Student's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Cindy's Dance Studio

## Summer Registration for 2019

Student's name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ School/Day Care: \_\_\_\_\_ Grade: \_\_\_\_\_

Prior Dance Training: Yes / No Years: \_\_\_\_\_

Student's Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Any required prescription drugs/medications: \_\_\_\_\_

Any known allergies, past or present injuries or health problems that may affect student's ability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Medical Attention:

I give permission to Cindy's Dance Studio/Cindy Acosta to authorize any medical attention needed to my child/student in the event of an emergency, whether on or off the studio premises.

(Parent/Guardian signature): \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about Cindy's Dance Studio? \_\_\_\_\_

### Summer Camp: (circle one)

#### Intermediate Intensive

M-F July 15<sup>th</sup>-19<sup>th</sup>

M,W,F 8:30am-5pm

T,Th 8am-5pm

\$175 \_\_\_\_\_  
(1/2 Day till 1pm \$105 \_\_\_\_\_)

#### Advanced Intensive

M-F July 15<sup>th</sup>-19<sup>th</sup>

M,W,F 8:30am-5pm

T,Th 8am-5pm

\$175 \_\_\_\_\_

#### Adv Optional +

TRX workout @ Elite

M,W,F 7am-8am

3 classes this week +

\$35 \_\_\_\_\_  
(actual Student Month Gym Membership)

**Liability Waiver:** Cindy's Dance Studio/Cindy Acosta provides classes and training at the exclusive risk of the participants. It is strongly recommended that students are covered by their own family insurance policy. Cindy's Dance Studio/Cindy Acosta is not responsible for any damage or loss to personal property or any accident or injury suffered whether on or off the studio premises or during any associated event or activity. Cindy's Dance Studio/Cindy Acosta is not responsible to supply medical attention in the event of an emergency. Your signature indicates full acceptance and understanding of this liability waiver and all studio policies including but not limited to...

\_\_\_\_\_

All Summer Camp Tuition is NON-REFUNDABLE.

\_\_\_\_\_

Photo release authorization/No video recording

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_