

The Dance Company

370 A1A Beach Boulevard, St. Augustine, Florida 32080, Phone Number: 904.471.4946

(Website) www.thedanceco.com (Email) www.thedancestudio@bellsouth.net

Summer Camp Registration 2016

Dancer's Name _____ Age _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Cell Number _____
Parent(s) Name and Phone Number _____
Any Allergies, Medical Conditions, etc... _____
T-Shirt Size: CS CM CL AS AM AL

“Summer Dance Camps 2016”

Summer Dance Camp

Session I	June 13 - 17	9:00 – 12:00 pm
(Mon.-Fri.)	June 20 - 24	9:00 – 12:00 pm
Session II	July 11 - 15	9:00 – 12:00 pm
(Mon.-Fri.)	July 18 - 22	9:00 – 12:00 pm

1 Week: \$150 _____ 2 Weeks: \$250 _____ 3 Weeks: \$375 _____ 4 Weeks: \$500 _____

Liability Waiver Form

I/we realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to dancing at The Dance Company.

I/we agree to release and hold harmless The Dance Company, including its teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future. I/we will not hold The Dance Company liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities.

Parent/Guardian Name: _____ Phone: _____
(Print)

Parent/Guardian Signature: _____ Date: _____