

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 2019 (Ages 3-12)

A fun camp atmosphere with Ballet, Acrobatics, Jazz, Hip Hop, & Lyrical! Dancing, Crafts, Games, & more!

Dancer's Name _____ DOB _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Cell Number _____

Parent(s) Name(s) _____ Other Emergency Contact _____

Parent Email _____

Any Allergies, Medical Conditions, etc... _____

T-Shirt Size: CS CM CL AS AM AL

“Summer Dance Camps 2019”

Summer Dance Camp

Camp Time / w/ Extended Day Option

Session 1 (Includes Splash Park Friday!)	June 10-14	9:00am-12:00 pm / 8:00am-5:00pm
Session 2 (Includes Camp Show Friday!)	June 17-21	9:00am-12:00 pm /
Session 3 (Includes Splash Park Friday!)	July 8-12	9:00am-12:00 pm / 8:00am-5:00pm
Session 4 (Includes Camp Show Friday!)	July 15-19	9:00am-12:00 pm /

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

w/ ext day: \$275 _____ w/ ext day: \$475 _____

**Sibling discounts available!*

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: _____