



Registration Form Camp For Ages 5-10

Child's Name: _____ Birth Date: _____

Parent/Guardian name: _____ Email: _____

Phone: _____ Cell/other: _____

Emergency Contact _____ Phone: _____

Allergies/Medical problem: _____

***A non-refundable \$25 deposit for each week is due with completed form to reserve your child's spot and will be applied to the total cost of the camp week(s)**

(Please check the weeks to register for and if you need extended hours)

Dates and Themes	Week Total	Deposits Paid	Balance Due
<input type="checkbox"/> June 4-8 Emoji Week <input type="checkbox"/> Ext. hrs:8-9am and/or 4-5pm			
<input type="checkbox"/> June 11-15 Minions Week <input type="checkbox"/> Ext. hrs:8-9am and/or 4-5pm			
<input type="checkbox"/> June 25-29 The Greatest Showman <input type="checkbox"/> Ext. hrs:8-9am and/or 4-5pm			
<input type="checkbox"/> July 2-6 Descendants Week <input type="checkbox"/> Ext. hrs:8-9am and/or 4-5pm			
<input type="checkbox"/> July 9-13 Willy Wonka Week <input type="checkbox"/> Ext. hrs:8-9am and/or 4-5pm			
<input type="checkbox"/> July 16-20 Christmas in July <input type="checkbox"/> Ext. hrs:8-9am and/or 4-5pm			
<input type="checkbox"/> 7/23-7/27 Moana Week <input type="checkbox"/> Ext. hrs:8-9am and/or 4-5pm			

Camp Prices:

1-3 weeks \$150 per week

4 or more weeks: \$125 per week

Extended Care: \$50 per week (\$10 per day)

Sibling Discount: 10% of additionally registered

South Florida Dance Company Policies and Guidelines

Please read and initial

_____ I acknowledge to have read the terms of this agreement in its entirety. I understand that under the terms of this agreement, the Dance Studio obligates itself to furnish the student with competent instruction and suitable facilities for teaching lessons. All class sessions are supervised by qualified personnel trained in the procedures and traditions of dance instruction.

_____ Student(s) hereby represent that he/she is physically able to take the prescribed course of instruction.

_____ I understand that tuition is to be paid at the start of camp and is not affected by lesson schedule and/or attendance.

_____ I acknowledge that **SFDC** is not responsible for any injuries a pupil may receive while on the premises. Each student assumes the risk involved in participating in any Dance related classes or performances. I release the school, its staff members, and any fellow students from any liabilities resulting from any personal injury and/or loss of personal property. I hereby agree to all terms and conditions of the liability waiver.

_____ I will faithfully comply with all rules and regulations of South Florida Dance Company facility. I further understand that failure to complete the lessons does not relieve me of my obligation to pay the tuition in full. **I also agree that NO tuition will be returned to a student for any reason.**

_____ All parents and students will conduct themselves in the utmost appropriate manner at all times, including performances and events outside of the Facility, representing South Florida Dance Company.

Parent or Student Signature

Date

South Florida Dance Company may be videotaping and/or taking photographs of our students in class, special events and performances. We would like your permission to use these photographs for publicity purposes, and to show you and the community organizations some of the programs at **SFDC. Parent's signature required**

Date

South Florida Dance Company admits students of any race, color, national ethnic origin to all the rights, privileges and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color national and ethnic origin in administration of its educational policies, administration policies, and other school administered programs.