## DEADLINE TO REGISTER IS MAY 26<sup>th</sup>!!

# DENTON DANCE CONSERVATORY 2017 Summer DANCEcamp Registration Form "Fairytale Camp" (Ages 3-6)



Student Name I	FirstLast					-	Antoniana vin Vi
Address _							
City _			State		Zip	)	
Student Age/DOB	:			`````How die	d you hear about u	s?	
Home Phone			Wk Ph	one			
Guardian 1 Name					Cell Phone_		
Guardian 2 Name	meCell Phone						
Dance Experience	e		# of years		Where?		
		**************************************	**************************************	**************************************	********		******
			www.DentonD				
•	- 1-	ease circle one					
		June 5-8 FOUR I		_			
Ages 3-6,		June 19-22 FOU	_				
	REGISTE	CR/PAY BY MAY	15 <sup>TH</sup> & RECEI	VE A FREE I	DANCECAMP T	-SHIRT!	
ORDER TSHIRT	HERE: (\$15 AI	FTER MAY 15 <sup>TH</sup> )	CIRCLE ONE:	Youth 6-8	10-12	14-16	CXL
	We may have a	few extras, but if you r	egister AFTER the d	eadline, there are	no guarantees that supp	plies will last.	

### Fairytale DANCEcamp Daily Schedule

10 min, Welcome/Introductions 10 min, Storybook Time/Discussion 40 min, Ballet Class 15 min, Snack/Video 30 min, Craft Project 15 min, Freeze Dance & Perform for Parents

#### What to Wear?

Please have your dancer wear the following: Girls-pink tights, black or pink leotard, and pink ballet shoes; Boyswhite T-shirt, black athletic shorts/pants or black jazz pants, white socks, white ballet shoes. If the dancer's hair is long, make sure to secure in a ponytail or bun. ©

#### End of Camp Performance

Parents, Grandparents, or friends are invited to attend our showing at the end of the camp from 11:45-12 (June 8<sup>th</sup>), or 10:45-11am (June 22<sup>nd</sup>)! All dancers are invited to wear their own costumes or borrow one of ours on "performance day!" This helps our dancers feel the excitement of an audience and get used to receiving applause, etc. Cameras are welcome!

## **Medical Info:** \_\_\_\_\_ Previous Injuries: \_\_\_\_\_ Allergies Is the child taking any medications that may affect his/her participation? In the event that I cannot be reached, please call the following in case of emergency: Name: \_\_\_\_\_\_ Relationship: \_\_\_\_\_ Ph#: Doctor's Name: \_\_\_\_\_ Phone Waiver of Liability & Release I agree to participate in the Denton Dance Conservatory LLC DANCEcamp program as follows: 1. I understand that Denton Dance Conservatory, LLC, it's employees, assistants, and representatives assume no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or resulting from participation in any summer program activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from my minor child's participation in these activities. I hereby release and discharge Denton Dance Conservatory, LLC, it's employees, assistants and representatives from any and all claims for accidents, injuries, death, loss or damage which I or my minor child may suffer as a result of participating in theses activities. (Initial\_\_\_\_\_) 2. In the event that my child needs immediate medical attention for injuries/sickness experienced during DDC's summer dance camp. I authorize the Denton Dance Conservatory staff/representatives to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed. (Initial 3. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. Denton Dance Conservatory receives medical information on campers/participants that may need to be shared with medical providers. (Initial I hereby understand that I need to escort my child to and from the building. (Initial \_\_\_\_\_) I understand that all siblings will need to be chaperoned while in the building. (Initial I understand that part of a young dancer's training is learning to wear the appropriate attire (see other side) (Initial) I understand fully that summer tuition and summer camp fees are due at time of registration. (Initial I am aware that no prorating or refunds will be issued due to missed classes. I am aware that I will not be able to transfer missed classes to the fall session. (Initial ) I understand that NO REFUNDS will be given unless a class or camp is cancelled by DDC. (Initial 10. I exclusively give Denton Dance Conservatory, LLC the permission to use my child's picture and or video image for advertising and marketing purposes whether in print or digital media, including social media and online website. (Initial I have read the Waiver & Release, as well as the rules and regulations and understand them completely.

I have duly executed this Waiver & Release this \_\_\_\_\_ day of \_\_\_\_\_, 2017

Signed: Print: