



PREMIER DANCE SUMMER CAMP 2010 REGISTRATION FORM

STUDENT INFORMATION

Student's name _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Dance School affiliation _____

Physical limitations (if any) _____

PARENT INFORMATION

Parent(s) / Guardian(s) _____

Home Phone _____ Work Phone (Mother) _____ Work Phone(Father) _____

Cell Phone (Mother) _____ Cell Phone(Father) _____ E-mail Address _____

Emergency contact _____

I would like to enroll my child in a program (please select your choices):

• **Program A - Part Time** (Hours: 9-12:0pm; Monday-Friday)

Tuition: One week: \$185.00; Two weeks: \$350.00; Three weeks: \$465.00

Week 1: July 12-16; **Week 2:** July 19-23; **Week 3:** July 25-30.

• **Program B - Full Time** (Hours: 9-3:00pm; Monday-Friday)

Tuition: One week: \$360; Two weeks: \$660.00; Three weeks: \$950

Week 1: July 12-16; **Week 2:** July 19-23; **Week 3:** July 25-30.

• **Program C - Part Time** (Hours: 9-12:0pm; Monday-Friday)

Tuition: One week: \$185.00; Two weeks: \$350.00; Three weeks: \$465.00

Week 1: July 12-16; **Week 2:** July 19-23; **Week 3:** July 25-30.

• **Program D - Full Time** (Hours: 9-3:00pm; Monday-Friday)

Tuition: One week: \$360; Two weeks: \$660.00; Three weeks: \$950

Week 1: July 12-16; **Week 2:** July 19-23; **Week 3:** July 25-30.

Registration fee - \$15.00; Tuition _____ 50% deposit _____ Balance due _____

To register, a completed registration form, non-refundable registration fee and 50% tuition deposit is required. The remaining balance is due by July 1st, 2010.

Liability disclaimer: I understand that dancing and dance classes constitute social/athletic/physical activities and that injuries may occur. I am willing and able to accept full responsibility for my child's safety and well being. Acknowledging this, I hereby release and agree to hold harmless Premier Dance School and its employees from any and all claims and liabilities, which may arise out of my child's participation at the Premier Dance School.

Signature of parent / Guardian _____ Date _____