



**GEORGIA'S**  
SCHOOL OF DANCE

# SUMMER CAMP REGISTRATION

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

- Theme of the Day Camp - Ages 4-7 - July 9th-13th - \$200
- Traditional Dance Camp - Ages 3-4 - July 16th-20th - \$125
- Traditional Dance Camp - Ages 5-7 - July 16th-20th - \$200
- Creative Movement Camp - Ages 5-7 - July 23rd-26th - \$200
- Creative Movement Camp - Ages 8-10 - July 23rd-26th - \$200

\$50 non-refundable deposit per camp due with registration form to hold your child's space\*

Parent/Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

## **Acknowledgements** (please initial)

\_\_\_\_\_ I will drop off and pick up my dancer on-time without exception or prior arrangement

\_\_\_\_\_ I will pack my dancer a healthy snack (PLEASE NO NUTS - WE HAVE SEVERAL STUDENTS WITH ALLERGIES)

\_\_\_\_\_ I will send my dancer with water

\_\_\_\_\_ I will have my child dressed appropriately for dance class (ballet clothes, leggings, shorts & tank tops are okay, please no jeans or baggy t-shirts)

## Liability Waiver

\_\_\_\_\_ I 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 (the parent/guardian) assume all risks related to the use of any and all spaces used by Georgia's School of Dance.

\_\_\_\_\_ I agree to release and hold harmless Georgia's School of Dance 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 will not hold Georgia's School of Dance liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes.

\_\_\_\_\_ I agree to obey the class and facility rules and take full responsibility for my dancer's behavior in addition to any damage they may cause to the facilities utilized by Georgia's School of Dance.

\_\_\_\_\_ I understand that Georgia's School of Dance are licensed, accredited and insured organizations. In the event that I should observe any unsafe conduct or conditions before, during or after the classes, I agree to report the unsafe conduct or conditions to the executive director, artistic director, instructor, or staff member as soon as possible.

*\*Georgia's School of Dance reserves the right to cancel one or more of the camps at our discretion. We will make every effort to run our camps, but if cancellation is necessary your deposit will be refunded.*

*I, the parent/guardian, acknowledge that I have read, fully understand, and agree to the information in this document.*

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_