



**Studio de Danse Pure Motion Dance Studio
Dance Camp REGISTRATION FORM**

Students Family Name Students First Name Age Date of Birth M/D/Y

1.

2.

Address: _____

City: _____ Postal Code: _____

Mother's Name: _____ Cell# _____

Father's Name: _____ Cell# _____

Home Telephone & Emergency: _____

Child's Email: _____ Child's Cell: _____

Parents Email: M: _____ F: _____

Please Indicate Child's Allergy: _____ Medicare #: _____

CAMP WEEKS:

1. July 4-8 _____ 2. July 11-15 _____ 3. July 18-22 _____ 4. July 25-29 _____
5. Aug 1-5 _____ 6. Aug 8-12 _____ 7. Aug 15-19 _____ 8. Aug 22-26 _____

Full Day: 9-4pm

1 week \$220 * 2 weeks \$410 * 3 weeks \$600 * 4 weeks \$780 * each additional \$1175

Activity Fee: \$25 Cash (each week) _____

Extended Hours: 8-9am and/or 4-5pm * \$10 1hour, \$15 2hours, \$40 week _____

Sibling Discount: 10% _____ (same address and weeks)

Friend Discount: \$15 off _____ (same weeks)

“NO REFUNDS AFTER THE START OF CAMP”

The authorized legal representative jointly and severally hereby releases, discharges and acquits Pure Motion Dance Studio including Nicole and all her employees, teachers from any and all claims for damages or injuries of any kind or nature. I acknowledge the fact that certain types of injuries are common and inherent in dance related activities. This release shall be binding upon and inure to the benefit of the parties.

Parent Guardian Signature & Date: _____

Payment Information: _____

Bank Transfer : info@puremotiondancestudio.com / Password : PMDS

Staff Initials & Date: _____

Parent Portal Info: _____