

SUMMER PROGRAM 2021

TIME	TUITION
12:45-3:30PM	\$250/week

STUDENT INFORMATION

NAME:	AGE/GRADE:
PHONE #:	
ADDRESS:	
EMAIL:	

WEEK	SELECT	DATE	TUITION
WEEK 4		August 2-August 6	\$
WEEK 5		August 9-August 13	\$
WEEK 6		August 16-August 20	\$

MEDICAL INFORMATION

Allergies: _____ Medication: _____

Any medical conditions of which Edgewater performing arts should be aware of?:

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- I, the undersigned parent or guardian of the above named applicant, do hereby give my permission for him/her to participate in the Edgewater Performing Arts Summer Program.
 - I do assume all risks and hazards incidental to the activity and transportation, and do further hereby release, absolve and hold harmless the Edgewater Performing Arts, Summer Program, its teachers and volunteers, any or all of them.
 - I hereby fully consent to emergency medical care to be rendered by competent medical physicians in the event the above named child should require such attention during this activity.
 - By signing the form below I am acknowledging the potential risk to contract the COVID-19 disease during services provided today and voluntarily agree to accept services. You further agree to informing us if you or your child are sick.
 - Check should be made payable to the "Edgewater Performing Arts", reserves the right to terminate this agreement, if: tuition is not paid in full or a student's behavior is disruptive or proves detrimental to the health and safety of our programs.
 - Edgewater Performing Arts reserves the right to cancel courses or programs, services due to lack of enrollment.
 - From time to time during the summer program, videos, photographs, and/or slides will be taken of our staffs. These will be used for publicity purpose only. Your signature below grants permission for Edgewater Performing Arts to use videos, photographs, and /or slides of your child for publicity purpose

I READ POLICY AND UNDERSTAND THAT THERE IS A CANCELLATION FEE OF \$50 AND THERE ARE NO REFUNDS AFTER 5/30/2021

Signature of Parent/Guardian

Date

Please list the name of people who have permission to pick up your child:

Name: _____ Phone: _____ Relationship with student _____
 Name: _____ Phone: _____ Relationship with student _____