



658 Center Street, Ludlow, MA 01056 413-583-2321 debnunes@alegriadance.com
SUMMER CAMP 2022 ENROLLMENT FORM

DANCER NAME _____ DOB/AGE _____

PARENT NAME _____

ADDRESS _____

EMAIL _____ CELL # _____ PHONE# _____

July 18-22 Encanto	\$225 Alegria/\$250 Non-Alegria Age 6+ 9am-4pm	<input type="checkbox"/>
July 25-29 Turning Red	\$225 Alegria/\$250 Non-Alegria Age 6+ 9am-4pm	<input type="checkbox"/>
August 8-12 Raya Half Day Camp	\$100 Alegria/\$125 Non-Alegria Age 4-6 9am-12pm	<input type="checkbox"/>
August 1-5 Sing 2	\$225 Alegria/\$250 Non-Alegria Age 6+ 9am-4pm	<input type="checkbox"/>
August 15-19 Intensive	\$160 Alegria/ \$175 Non- Alegria Age 6-8 9am-12pm	<input type="checkbox"/>
		\$315 Alegria/\$350 Non-Alegria Age 9+ 9am-4pm
Before Camp Drop off 7:30-8:45	\$15 per day/Half off additional child Must pre-book and pay in advance *any drop off prior to 8:45 will be charged additional fee*	<input type="checkbox"/>
Late Pick Up 5:30pm	\$15 per day/Half off additional child Must pre-book and pay in advance *any pick up after 4pm will be charged additional fee*	<input type="checkbox"/>

A \$75 Non- Refundable deposit is due at time of registration. Payment must be paid in full two weeks prior to start of camp. If you are enrolling by mail, please send your payment and your enrollment form to address listed above. We reserve the right to cancel camp if minimum enrollment is not met, refund will be given.

****Attached Waivers Must Be signed prior to participation in the activities listed above****

Please identify Method of Payment: Check _____ (#) Cash _____ (receipt given)

Credit card on file _____ (I am aware of 3% processing fee)

Allergies/behavioral concerns/medications

Etc.: _____

Parent Signature _____ Date _____



RELEASE OF LIABILITY FOR MINOR PARTICIPANTS IN CONSIDERATION OF my child/ward (Name of Minor Child) _____ being allowed to participate in any way in Alegria Dance and Fitness, LLC (“Releasee”) related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and, 1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releasees, or otherwise, and assume full responsibility for my child’s participation; and, 2. I willingly agree to comply with the program’s stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and, 3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Alegria Dance and Fitness, LLC its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the participation WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child’s involvement or participation in these programs, arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. 4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, even if arising from their negligence to the fullest extent permitted by law. I, FOR MYSELF, MY SPOUSE, AND FAMILY, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, even if it arises from their negligence, to the fullest extent provided by law.

Name of Child/Ward: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed: _____