

658 Center Street, Ludlow, MA 01056 413-583-2321 debnunes@alegriadance.com <u>SUMMER CAMP 2024 ENROLLMENT FORM</u>

DANCER NAME	DOB/AGE	
PARENT NAME		
ADDRESS		.
EMAIL	CELL #PHONE#	
July 8-12 All The Feels	\$250 Alegria/\$275 Non-Alegria Age 6-9, 10+ 9am-4pm	
July 15-19 Minion Mayhem	\$250 Alegria/\$275 Non-Alegria Age 6-9, 10+ 9am-4pm \$125/\$160 Non-Alegria Ages 3-6 9am-12pm	
July 22-26 Tay Tay All Day	\$250 Alegria/\$275 Non-Alegria Age 6-9, 10+ 9am-4pm	
July 29-August 2 Barbie Land	\$250 Alegria/\$275 Non-Alegria Age 6-9, 10+ 9am-4pm \$125/\$160 Non-Alegria Ages 3-6 9am-12pm	
August 5-9 Intensive	Ages 6-9, 10-12, 13+ \$300 9am-4pm	
August 12-16 Acro Clinic	Ages 7-9 4:30-6:30pm Ages 10+ 7pm-9pm	
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*	
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*	
of camp. If you are eni	e deposit is due at time of registration. Payment must be paid in full two weeks pri- rolling by mail, please send your payment and your enrollment form to address listed cancel camp if minimum enrollment is not met, refund will be given.	
Attached Waivers N	Must Be signed prior to participation in the activities listed above	
_	od of Payment: Check(#) Cash(receipt given)(I am aware of 3% processing fee)	
Allergies/behavioral of	concerns/medications	
Etc.:		

Date___

Parent Signature_____



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
(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: