

WHEN COMPLETE

EMAIL FORM TO

DANCE@ginanespoli.com

or

Drop off At Studio

**Waiver and Release from Liability Form
Summer Camp/Summer Intensive
Creative Heart Dance Studio**

I, _____ (print your name) have chosen to have my child, _____ (print child's name), participate in summer camp/summer intensive at Creative Heart Dance Studio. I acknowledge that I understand the nature of the activities my child will be participating in and the possibility that despite precautions, accidents and/or physical injury may occur.

I/we agree to release and hold harmless Creative Heart Dance Studio, including its teachers and staff members from any cause of action, claims, or demands now and in the future. I/we will not hold Creative Heart Dance Studio liable for any personal injury or any personal property damage or loss, which may occur on the premises before, during or after classes or which may occur at any Creative Heart Dance Studio sponsored event outside the studio.

Furthermore I/we agree to take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Creative Heart Dance Studio.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

→ Signature of Parent or Guardian: _____

→ Date: _____

→ Dancer's Name: _____

→ Parent/Guardian Address:

→ Phone: _____ Email:

Official Use:

Creative Heart Dance Studio

REGISTRATION FORM FOR SUMMER CAMP/SUMMER INTENSIVE - 2020

	Student name (first, last)	Age	D.O.B.	Gender
1				
2				
3				

Email address _____ Phone # _____

Home address _____ City _____ Zip _____

Mother Name (first, last)	Work Phone	Cell Phone
Father Name (first, last)	Work Phone	Cell Phone

➤ Any medical conditions we should be aware of?

In case of an emergency and I cannot be reached, I authorize the staff at Creative Heart Dance Studio to obtain whatever medical treatment is deemed necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my insurance would cover such charges and fees.

➤ Signature _____ Date _____

AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION

CREDIT CARD PAYMENT (circle one): VISA MASTERCARD AMERICAN EXPRESS

CC#																					EXP. DATE											CVC								
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➤ Week(s) my child will attend (CIRCLE ONE) summer camp summer intensive

➤ Card Holders Name: _____

➤ Signature _____ Date _____

(early registration is January 6-April 30 to receive a 10% discount) Refer a friend and receive \$25 off!

All information contained on this form will be kept completely confidential and secure and will not be shared with anyone under any circumstances.