

## **Camps & Workshops – Summer 2015 DXP Registration Form**

***\*\*1 form per student\*\****

\_\_\_\_ New Student or Returning after a 1+yr absence

**\*\*If enrolling student has danced at DXP within 1 school year and no contact info has changed, you can skip this page**

### **Student Info Form**

Student Name (first and last): \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male or Female: \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(street address) (city) (zip)

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Alternative Phone#: (\_\_\_\_\_) \_\_\_\_\_

Parent Email (required): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: (\_\_\_\_\_) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Years of dance training: \_\_\_\_\_

Does your child have any allergies (insect stings/bites, foods, medications...)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list them: \_\_\_\_\_

Does your child consistently take any medications?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list them: \_\_\_\_\_

Does your child have any medical or special needs in which you feel we should be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list them: \_\_\_\_\_

### **Dance Xplosion, LLC - Studio Waiver**

In consideration of your acceptance of the enrollment, I, intending to be legally bound, do hereby waive, release, and forever discharge all rights and claims against Dance Xplosion, LLC and/or involved staff for damages or injury sustained by me or my child while in classes or on studio premises before or after class, or at any other studio activities including but not limited to recitals, workshops, camps, intensives, competitions, performances, and visits to surrounding community businesses. I authorize and agree to hold harmless Dance Xplosion LLC to obtain medical emergency assistance when they deem necessary and for Dance Xplosion LLC to provide transportation to receive such medical assistance for myself and/or my child named below.

I further agree to be financially responsible for all medical services provided to me and/or my child named below, including the cost of defense and enforcement of this indemnity agreement.

I understand and agree that Dance Xplosion LLC and staff may administer first aid on Dance Xplosion premises in the event of minor injuries. Guardians may be notified if basic first aid is provided to any child.

I authorize Dance Xplosion LLC to use photos and/or video taken of me or my child while at dance or dance functions for marketing and promotional materials, including website and social media. Please note that Dance Xplosion LLC agrees to not make public or resell any private information provided to it by students and their families.

**I have read the foregoing Studio Waiver and agree with it in all respects.**

Student Name(s): \_\_\_\_\_

Guardian Name (printed): \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rcvd. Waiver Sig & Info OR on file from w/in year \_\_\_\_ Rcvd Reg. Form \_\_\_\_

**Student Name (first and last):** \_\_\_\_\_

*\*Note: if a student misses a day(s) for any reason prorated fees for missed time cannot be refunded and no make-up days are allowed in another camp, class, workshop or intensive.*

*\*Note: written withdrawal may be submitted in writing/email up to one week before the start date of the camp or workshop. A refund less a non-refundable \$75 will be processed after written/email notice.*

☐ **Half-Day Camps: 5-day \$185 / 3-day \$115 / 2-day \$85**

*\*Note: Half-day camps are all 5-days unless noted (camp length and days of week noted in Camp Descriptions).*

☐ **Half-Day + Friday All Day Camp: 5-day \$225**

*\*Note: Coppelia is Half-day Monday–Thursday and All-day on Friday*

☐ **Full-Day Camps: 5-day \$325**

*\*Note: Dancers will provide their own lunch each day*

Camp Name: \_\_\_\_\_ Date: \_\_\_\_\_ Full Price: \$ \_\_\_\_\_

Camp Name: \_\_\_\_\_ Date: \_\_\_\_\_ Full Price: \$ \_\_\_\_\_

Camp Name: \_\_\_\_\_ Date: \_\_\_\_\_ Full Price: \$ \_\_\_\_\_

☐ **Full-Day Workshop: 2-day \$135**

*\*Note: Workshops are Thursday-Friday*

Workshop Name: \_\_\_\_\_ Date: \_\_\_\_\_ Full Price: \$ \_\_\_\_\_

Workshop Name: \_\_\_\_\_ Date: \_\_\_\_\_ Full Price: \$ \_\_\_\_\_

	Camp(s)		Workshop(s)		
Camp / Workshop #1				<b><u>CHECKS:</u></b> Please make payable to "Dance Xplosion"  <b><u>CREDIT CARDS BY MAIL or FAX:</u></b> Please complete credit card info below No phone payment accepted  <b>*Full refund less \$75 cancellation fee with 1 week written/email notice</b>	
Camp / Workshop #2					
Camp / Workshop #3					
<b>Total Cost</b>		plus		equals	<b>\$ _____ = Total Camp &amp; Workshop Cost Due</b>

☐ I SELECT TO USE THE SAME CREDIT CARD AS THE PREVIOUS SEASON (sign below to authorize)

Card Type: VISA / MasterCard / Discover    3-Digit Code: \_\_\_\_\_    Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Card #: \_\_\_\_\_    Billing Zip: \_\_\_\_\_

Card Holder Name (printed, as seen on card): \_\_\_\_\_

**By signing below you acknowledge and authorize the camp/ workshop balance to be charged to the above listed card.**

Signature: \_\_\_\_\_    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_