



# 2014 Summer Registration Form

Student Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Parent Contact: \_\_\_\_\_

E-Mail : \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

## 2014 Summer Camp Enrollment

### JULY

**7/7-7/11: CHILL OUT DANCE CAMP**  
(Full day dance experience 9-4PM, ages 5-9) **\$250/week;**

**7/14-7/18: WESTSIDE DANCE CAMP**  
(Full day dance experience 9-4PM, ages 9-12) **\$250/week;**

**7/14-7/18: POP STAR TOTS CAMP**  
(Half day dance experience 9-12pm, ages 3-6) **\$150/week;**

### JULY/AUGUST

**7/28-8/1: SDC SUMMER INTENSIVE:**  
(for intermediate/advanced) Full day, Ages 9-Adult; **\$500 before June 17; \$525 after June 18.**

Half day, Ages 5-8: **\$250 before June 17; \$275 after June 18.**

Please read the following carefully in regards to summer registration:

1. **Complete the registration and medical form and return with full tuition. This reserves your place in class and/or camp and is non-refundable and non-transferable. Sorry, no exceptions.**
2. Your enrollment in an SDC camp will be confirmed via email. Please be sure to submit an active email address at time of registration.
3. SDC holds the right to cancel a camp if enrollment does not meet its minimum number of attendees. If this occurs, your tuition and registration will be reimbursed to you in full.
4. All summer fees are to be paid via cash, check or credit card. Please complete the **Terms of Payment** box below.
5. All identified instructors are subject to change.

### **Terms of Payment (Check, Credit or Cash)**

1. **Full camp and/or summer class payment and a \$10.00 registration fee is due with your enrollment application.**
2. Please stop by the studio lobby if paying by credit card. Your space will not be reserved until full payment is received.
3. Full payment must be received. Submission of a form without payment will not reserve your space.
4. **FAMILY DISCOUNT:** If more then one immediate family member attends a camp, you may take **10% off** the total bill. This excludes Intensive week
5. **MULTIPLE CAMP DISCOUNT:** If an individual dancer elects to take more then one camp, you may take **10% off** the total bill.

***Please submit this registration form and the following payment to Savage Dance Company:***

Summer Tuition \_\_\_\_\_ + **\$10.00 Registration Fee** = \_\_\_\_\_

### **For Office Use Only:**

Method of Payment: Cash    Credit    Check

Total Received: \_\_\_\_\_

Check #: \_\_\_\_\_    Date: \_\_\_\_\_    SDC

Staff: \_\_\_\_\_



## 2014 Student Summer Medical Form

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

### MEDICAL HISTORY

DOCTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

Has your child ever been advised by a medical doctor not to participate in any athletic activity? If so, please explain: \_\_\_\_\_

ALLERGIES: Foods, Medicines, Insects, Plants, etc...: \_\_\_\_\_

MEDICATIONS: If so, please list them here: \_\_\_\_\_

Does your child have any of the following? ADD/ADHD, Asthma, Anemia, Diabetes, Heat Exhaustion, Hemophilia, Heart Trouble, IBS, or Nausea/Vomiting. If so, please identify and explain: \_\_\_\_\_

Has your child had any major illness or surgery in the last three years? If so, please explain: \_\_\_\_\_

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I AGREE THAT MY CHILD IS COVERED EXCLUSIVELY BY HEALTH INSURANCE AND I AM FULLY RESPONSIBLE FOR ALL OF MY CHILD'S MEDICAL TREATMENT, BILLS AND PAYMENTS:

Parent/Guardian (signature): \_\_\_\_\_ Date: \_\_\_\_\_

I HEREBY AUTHORIZE THE STAFF MEMBERS AT SAVAGE DANCE COMPANY, INC. TO ACT FOR ME ACCORDING TO THEIR BEST JUDGEMENT IN ANY EMERGENCY WHICH MAY REQUIRE MEDICAL ATTENTION, AND I HEREBY WAIVE AND RELEASE SAVAGE DANCE COMPANY, INC. AND ALL OF ITS OWNERS, EMPLOYEES, INSTRUCTORS, AND INDEPENDENT CONTRACTORS FROM ANY AND ALL LIABILITY FOR ANY INJURIES OR ILLNESSES WHILE GOING TO AND FROM AND WHILE AT SAVAGE DANCE COMPANY, INC. FURTHERMORE, I UNDERSTAND THAT ALL MEDICAL/DENTAL EXPENSES INCURRED WILL BE THE SOLE RESPONSIBILITY OF THE STUDENT OR STUDENT'S FAMILY.

IN LIEU OF A MEDICAL CERTIFICATE SIGNED BY A PHYSICIAN, I HAVE NO KNOWLEDGE OF ANY PHYSICAL OR MENTAL IMPAIRMENT THAT WOULD BE AFFECTED BY THE NAMED STUDENTS' PARTICIPATION IN THIS PROGRAM, AS OUTLINED IN THE AFOREMENTIONED MATERIALS AND INFORMATION READILY AVAILABLE AT THE STUDIO AND ON THE WORLD WIDE WEB, AT [WWW.SAVAGEDANCE.NET](http://WWW.SAVAGEDANCE.NET), WHICH I HAVE READ AND UNDERSTOOD.

FURTHERMORE, I UNDERSTAND THAT SAVAGE DANCE COMPANY, INC. RETAINS THE RIGHT TO USE ANY PHOTOGRAPHY, VIDEO TAPES, RECORDINGS OR ANY OTHER RECORD OF EVENT OR CLASS FOR PUBLICITY, ADVERTISING OR ANY OTHER LEGITIMATE PURPOSE. I ALSO UNDERSTAND THAT SAVAGE DANCE COMPANY, INC. IS NOT RESPONSIBLE FOR ANY BELONGINGS LEFT IN THE STUDIO OR OUTSIDE OF THE STUDIO.

IN ADDITION, I HEREBY AUTHORIZE SAVAGE DANCE COMPANY TO TRANSPORT MY CHILD TO A SWIMMING FACILITY (IF APPLICABLE) AND RELEASE SAVAGE DANCE COMPANY, ITS OWNERS, EMPLOYEES AND INSTRUCTORS OF ALL LIABILITY FOR TRAVEL TO AND FROM, AND AGREE TO HOLD HARMLESS SAVAGE DANCE COMPANY, ITS OWNERS, EMPLOYEES AND INSTRUCTORS, FOR ANY INJURIES OR ACCIDENTS WHICH MAY REQUIRE MEDICAL ATTENTION. IF I CHOOSE TO NOT ALLOW MY CHILD TO BE TRANSPORTED TO THE SWIMMING FACILITY, I WILL INFORM SAVAGE DANCE COMPANY IN WRITING PRIOR TO THE FIRST DAY OF CAMP.

Parent/Guardian (signature): \_\_\_\_\_ Date: \_\_\_\_\_