



2017 Summer Registration Form

Student Name: _____

Address: _____

City/Zip: _____

DOB: _____

Parent Contact: _____

E-Mail : _____

Cell Phone: _____

Emergency Contact: _____

Emergency Phone: _____

2017 Summer Camp Enrollment

6/26-6/30 TROLLS DANCE CAMP 9am-12pm:

- Ages 3-6 \$175 Before 5/30 \$200 After 5/30

7/24-7/28 AMBITION SUMMER INTENSIVE 9am-4pm:

- Full Day Ages 10 & Over- \$500
- Half Day 9a-1p-Ages 9 & Under - \$300

7/31-8/4 MOANA DANCE CAMP 9am-4pm:

- Ages 6-11 - \$275 Before 7/1 \$300 After 7/1

7/31-8/4 "THE INDUSTRY" HIP HOP AND CONTEMPORARY INTENSIVE 5pm-8pm

- Ages 8-18 \$300 Before 7/1 \$325 After 7/1

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 or call the studio 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 Ambition 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. This excludes Ambition Intensive week.

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: _____



2017 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: _____

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, 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: _____