



## 2010 Summer Registration Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Parent Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-Mail Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

### 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 INSURANCE AND I AM FULLY RESPONSIBLE FOR ALL OF MY CHILD'S 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 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.

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

## Summer Camp Enrollment

Please check the camp(s) you plan to attend.

- Goin' Hollywood (full day camp experience, ages 7-12) June 28-2 at \$240/week and enclose \$ \_\_\_\_\_.
- SDC Intensive(full day camp experience, 10 & up) July 12-16 at  
\$300/week (if paid prior to June 1<sup>st</sup>) \$350/week (if paid after June 1<sup>st</sup>) and enclose \$ \_\_\_\_\_.
- SDC Intensive Primary (half day camp experience ages 6-9) July 12-16  
at \$150/week and enclose \$ \_\_\_\_\_.
- Tots Rock Camp(half day camp experience ages 3-5) July 12-14 at \$100/week and enclose \$ \_\_\_\_\_.
- Broadway Bound(full day camp experience, ages 7-12) July 19-23/1 at \$240/week and enclose \$ \_\_\_\_\_.
- Street Jamz Camp(full day camp experience ages 7-14) Aug 2-6 at \$240/week and enclose \$ \_\_\_\_\_.

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Please read the following carefully in regards to summer registration:

1. **Complete the registration and medical form on the front of this page and return with full tuition. This reserves your place in class and/or camp and is non-refundable and non-transferable.**
2. Your enrollment in an SDC class/camp will be confirmed via email. Please be sure to submit an 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 were to occur, your tuition will be reimbursed to you in its full camp value amount.
4. All summer fees are to be paid via cash, check or credit card. Please complete the **Terms of Payment** box below.

**Terms of Payment (Check or Cash Monthly)**

1. Full camp and/or summer class payment and a \$10.00 registration fee is due with your enrollment application.
2. If payment and registration is received prior to May 1st, please waive your registration fee.
3. Please stop by the studio lobby if paying by credit card.

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

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

**For Office Use Only:**

Dancer's Monthly Tuition: \_\_\_\_\_

Method of Payment: Cash    Credit    Check

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

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