



# REGISTRATION

## JEWELS SUMMER CAMP 2012

8210 Glades Road Suite C, Boca Raton, Florida. 33434. Ph # 561-483-2323 Fax # 561-258-2233

Parent / Guardian

Cell#

Home#

Email

1st Child

M/F

Age

D.O.B

2nd Child

M/F

Age

D.O.B

Previous Dance Experience?

How did you hear about us?

Address

City

State

Zip

JUNE				
Mon	Tue	Wed	Thu	Fri
Example: ⑤				
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29
PLEASE CIRCLE ATTENDING DATES				

JULY				
Mon	Tue	Wed	Thu	Fri
Example: ⑤				
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27

AUGUST				
Mon	Tue	Wed	Thu	Fri
30	31	1	2	3
6	7	8	9	10
13	14	15	16	17
<i>Summer Intensive</i> !!!GET READY TO WORK!!!				

\$55 REGISTRATION

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\$

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\$

CAMP DEPOSIT

CAMP PAYMENT

Registration must be paid before the 1st day of camp. All camp fees are non-refundable. There will be no make up classes offered for missed camp dates.

I recognize the potential for injury in physical activities such as dance and gymnastics. Being fully aware of these dangers, I voluntarily give consent for my child/children to participate in all Jewels Dance programs and accept all risks associated with that participation. I, on my own and my child's behalf (and all respective successors), forever release Jewels Dance and all staff of said establishment from any and all liability and damages associated with any injuries incurred while my child/children are under the instruction, supervision, or control of Jewels Dance. If any disagreement is to be settled in a court of law, I will be responsible for any and all Jewels Dance lawyer fees, court fees and any other legal fees that may arise associated with my disagreements.

I also understand that Jewels Dance retains the rights to use any photographs, video tapes, or any other record of events for publicity, advertising, or legitimate purposes. I agree that I have read the above policies and fully understand them. I have also received and understand the studio policies and calendar. I have read and understand the acknowledgement of risk and waiver of liability and I volunteer to affix my name in agreement and of the policies and regulations stated therein.

Date

Parent Signature