

Summer Camp Registration Intake Form

(Each student must have their own completed intake form)

			ра	re
Student Last Name		Student First Nan	ne	MI
Date of Birth	Age Grad	de Gender	Current School	
Name of Mother/Guardian				
Mother's Cell Phone ()	H	lome Phone ()	e email	
Name of Father/Guardian				
Father's Cell Phone ()	н	ome Phone ()	email	
Address		City	Zip	
Emergency Contact (non-pare	ent)	Phone ()	Relation_	
Any known medical problems, allergies or medications being taken?				
Previous Dance Training	Yes No	Years of Training _	Name of School/Studio)
How did you hear about Balar	nce Dance Studi	os?		

Summer Youth Camps Schedule

Week of	Half Day Camp	Full Day Camp	Workshops
	M-F 9a-1p Ages 2-5 \$200	M-F 9a-4p Ages 6-11 \$300	T/W/TH 1p-4p Ages 12-18 \$150
9-Jun	Disney Princess	Pop Diva	Ballet
16-Jun	Dora the Explorer	Cupcakes and Cartwheels	Hip Hop/Break
23-Jun	Dr. Seuss	Time Machine (Decades)	Triple Threat
30-Jun	Stars and Stripes	Free to be me (Improv)	Acro/Partner Stunts
7-Jul	Fairy Wonderland	Know the Biz	Contemporary
14-Jul	Princess Party	Shake it Up	Stretch/Strength/Technique
21-Jul	Superhero Acro	Circus - Acro	Drill/cheer/dance teams
28-Jul	Princess Tea Party	Around the World	Jumps, Turns, Jazz Technique
4-Aug	Mickey Mouse Clubhouse	Pop Music Video	Partne r Dance
11-Aug	Ballerina Beauty		



*Week of June 30th, camps are M-TH due to the 4th of July holiday and are \$160 for half day camp & \$240 for full day camp.



Client Payment Information

Student Name(s)	Date			
Name of Parent/Guardian				
SUMMER CAMP REGISTRATION FEES AND REFUND POLICY				
Early Bird Summer Camp and Workshop Registration Fees (Registration Fees)				
Early bird summer camp and workshop registration fees are due in full at treservation. A partial refund of 50% of the camp or workshop fee is refundalternate camp or workshop up to 7 days prior to the camp or workshop st	dable and 100% is transferable to an			
Summer Camp And Workshop Registration Fees (Registration starting A partial deposit equal to 50% of the camp or workshop registration fee is reservation. The remaining 50% must be paid no later than 30 days prior partial refund of 50% of the fees paid is refundable and 100% is transferable to 7 days prior to the camp or workshop start date.	due at the time of camp or workshop to the camp or workshop start date. A			
Please list any and all Camps/Classes/Workshops & Intensives student wishes be enrolled in:	Cost \$			
	\$			
	\$ \$			
	\$			
	>			
Total \$				
☐ Charge to my account ☐ Cash ☐ Check #	# © redit			
If paying by Credit Card, please fill out the below box:				
Circle form of payment Visa MC AI	MEX Discover			
Name on CardCredit Card	#			
Exp. Date/ Security CodeSignature				



Authorization of Emergency Medical Care, Photo/Media Release, and Indemnification Agreement

AUTHORIZATION OF EMERGENCY MEDICAL CARE

I hereby authorize the staff and director, representing Balance Dance Studios, to give consent for any and all
necessary emergency medical care for me or any dancer I am enrolling with Balance Dance Studios, while in the
custody of Balance Dance Studios personnel. I also hold Balance Dance Studios and any other BDS personnel
harmless in such an event. Pertinent medical conditions my child has are:

PHOTO/MEDIA RELEASE

I give Balance Dance Studios the absolute right and permission to use my child's photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet, World Wide Web), or other form of promotion. I release Balance Dance Studios, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. Additionally, I will make no monetary or other claim against Balance Dance Studios for the use of the photograph(s)/video. Additionally, I am aware and consent to the use of password protected webcam online access to my child's dance studio used for the purposes of family viewing dance sessions.

ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

I am aware that dancing, and the exercises associated with it, can place unusual stresses on the body, and carry it the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that Balance Dance Studios shall not be liable in any way for injuries sustained during attendance at Balance Dance Studios or any of its related functions. Student or Guardian/Parent of Student understands and acknowledges that Balance Dance Studios is not an insurer of Student's behavior, actions or participation in the program/classes, and that Balance Dance Studios assumes no liability whatsoever for personal injuries or property damages to Student or to third persons arising out of participation in the program activities, classes, or any activities related thereto. Student or Guardian/Parent hereby agrees to release, waive, covenant not to sue, indemnify and hold harmless Balance Dance Studios, owner/director, teachers, employees, or the owner of the location 4544 S Lamar Blvd, Austin, TX 78745, from any and all liability, claims, demands, judgments, actions, executions and causes of action whatsoever . I UNDERSTAND THAT I AM WAIVING MY RIGHT TO TAKE LEGAL ACTION INCLUDING FILING A LAWSUIT FOR PERSONAL INJURIES TO MY CHILD (REN) AND /OR MYSELF.

Name of Student	
Name of Parent/Guardian	
Signature of Parent/Guardian	Date