BALLET SPARTANBURG 2024 SUMMER CAMPS & WORKSHOPS REGISTRATION FORM

Basic Information:

- For a fun and safe camp experience, wear the proper dance wear for each camp.
- · Pack a snack and water for each camp session.
- Cellphones and electronic devices are prohibited at camp. These items distract from the learning environment.

Camper's Name:	Age:
Parent/Guardian Name:	
Cell Phone:	
Address:	
City, State, Zip:	
Email Address:	
Emergency Contact Name/Number:	
Please e-mail this completed registration formto Analay Saiz, Principal of the C Education, at asaiz@balletspartanburg.org.	Center for Dance

Yes, I understand that payment is my child's reservation for the summer camp.

Select One:

- □ I will send in a check. My check is my child's reservation.
- Please invoice me for this camp via the email above.
- □ I will call Kimberly Ruby at 864-583-0339 to give my credit card information.

Refund Policy: 10 days prior to camp date, 75% refund less a \$10 handling charge. 3-9 days prior, 50% refund less a \$10 handling charge. <3 days prior, no refund. Please note: If camp does not reach the minimum number of required campers by 2 weeks prior to the start date, Ballet Spartanburg reserves the right to cancel the camp and refund 100% of tuition.

Select Your Camps:

Camp	Ages	Dates	Time	Fee
☐ Let's Create and Dance	3-4	☐ Session 1: June 3-7	10-10:50am	\$75
	3-4	☐ Session 2: July 29-Aug 2	10-10:50am	\$75
□ Tap, Twirl & Twinkle	3-4	July 8-12	10-10:50am	\$75
□ Tap, Jazz, Hats & Hands	5-8	July 8-12	11am-12pm	\$75
☐ Hi Barbie! It's Our Barbie and Ken Dance Camp	4-7	☐ Session 1: June 10-14	10am-12pm	\$150
	5-8	☐ Session 2: July 15-19	1-3pm	\$150
□ Elsa & Anna's Frozen Adventure	5-8	☐ Session 1: June 17-21	10am-12pm	\$150
	4-7	☐ Session 2: July 22-26	1-3pm	\$150
□ Little Mermaid Camp	5-8	June 10-14	1-3pm	\$150
□ Aloha! It's Our Moana Dance Camp	4-7	July 15-19	10am-12pm	\$150
☐ It's Encanto Time!	4-7	☐ Session 1: June 17-21	1-3pm	\$150
	5-8	☐ Session 2: July 22-26	10am-12pm	\$150
□ Mary Poppins Tap/Jazz Camp	5-8	June 24-28	10am-12pm	\$150
□ Hi Swifties! Taylor Swift Jazz Camp	6-10	July 8-12	1-3pm	\$150
□ Rising 1B-2A		June 10-14	10-11am	\$75
□ Rising 2B-3A		June 10-14	1-2:30pm	\$112
☐ Junior Intensive / Rising 3B-4/5		☐ Session 1: June 17-21	10am-1pm	\$22
		☐ Session 2: June 24-28	1-4pm	\$22
□ Ballet 4/6		June 10-14	11am-1pm	\$150
□ Pre-Pro / Ballet 6		June 17-21	1-3pm	\$150
☐ Swan Lake Act 2 and 4 Workshop Pre-Pro		Week 1: June 3-7	10am-2:30pm	\$400
This is a 3-week mandatory session		Week 2: June 10-14 Week 3: August 5-9	10am-2:30pm 10am-12:30pm	\$400 \$0
□ Ballet Foundation / Beginning Ballet	9-13	July 8-12	10-11am	\$75
□ Boys' Ballet / Acting Dance Class	7-10	July 22-26	10-11am	\$75
☐ Boys' Conditioning Week	7-10	July 22-26	11am-12pm	\$75
□ Luck of the Irish Step Camp	5+	June 10-14	1-3pm	\$150
□ Czardas Workshop		June 24-28	10am-12pm	\$15
		Camp total:	\$	

BALLET SPARTANBURG MEDICAL RELEASE 2024-25

Studen	nt's Name:	
Does d	dancer have any known allergies? No Yes If y	es, please list
Is danc	cer currently taking medication: No Yes If yes	, please list
Please	e describe any medical conditions that we should b	e aware of:
Is danc	cer physically fit to study dance? No Yes	
participa serious hereby a and emp or illnes myself, including in order agree no sponsor	ants, that serious accidents occasionally occur during sub- personal injuries (including death) and/or property dama agree that my minor child and I assume those risks and aployees who might otherwise be liable to me, my minor as involving my minor child or myself, I hereby authorize whether by ambulance or otherwise, to a proper facility ag but not limited to, an emergency room of a hospital, a r to obtain any medical or surgical treatment as is immediate theither my minor child nor I will make a claim against, su	and creative movement involve physical contact between dancers and ach activities, and that participants in such activities occasionally sustain age as a consequence thereof. Knowing the risks of participation, I release and hold harmless Ballet Spartanburg and its agents, sponsors child (or our heirs or assigns) for damages. In the event of an accident Ballet Spartanburg to arrange for transportation of my minor child or where emergency medical treatment would normally be administered, doctor's office, or medical clinic: and sign releases as may be required diately required in the judgment of medical authorities at the facility. I e, attach the property of or prosecute Ballet Spartanburg, their agents, property damages which my minor child may sustain as a result of my
participa		s physically fit and has no known medical conditions which prohibit I laws, rules and guidelines regulating the conduct of Ballet Spartanburg
child an		ntents. I am aware that this is a release of liability from myself and my anburg and its agents, sponsors and employees, and I have signed it of
Signatu	ure:	Date:
	Photo/	/ideo Release
ownersh		hereby grant to Ballet Spartanburg and its legal representatives images, or videotapes of my child during rehearsals, performances and
	rant to Ballet Spartanburg and its legal representative's s, digital images, or videotapes for any purpose whatsoe	permission to use, reproduce, or publish the photographic portraits, ver, without further compensation.
	y warrant that I am the parent/guardian and have every zation, release and agreement and fully understand the	right to contract in the above regard. I state that I have read the above contents thereof.
PLEAS	SE CHECK ONE OF THE BOXES BELOW THEN	SIGN:
	CONSENT: I hereby certify that I am the parent consent without reservation to the foregoing on b	or guardian of the above named child and do hereby give my behalf of my Child.
	NON-CONSENT: I hereby certify that I am the pagive my consent without reservation to the forego	arent or guardian of the above named child and do not hereby bing on behalf of my Child.
Signatu	ure:	Date: