



2023 Summer Camp Registration Form

Basic Information

- For a fun and safe camp experience, wear the proper dance wear.
- Pack a snack and water for each day.
- Cellphones and electronic devices are prohibited at camp. These items distract from the learning environment.
- Arrive 5 minutes prior to camp.

Camper's Name: _____ New Student: _____

Parent/Guardian Name: _____

Cell Phone: _____

Address: _____

City, State, Zip: _____

✓ Email Address: _____

Emergency Contact Name/Number: _____

Allergies/Additional considerations we should know: _____

<u>Date(s) of Camp:</u>	<u>Camp Requested:</u>	<u>Camp Fee:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Camp Total: \$ _____

MC VISA CHECK

Please Read All Information on Back/Sign Release

Please mail this registration form with payment:
 (Check or Credit Card)
 Ballet Spartanburg/Summer Camps
 200 E. St. John Street Spartanburg,
 SC 29306

NAME ON CARD _____
 CREDIT CARD NUMBER _____ CVV _____
 EXP. _____ ZIP CODE _____

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 3 weeks prior to the start date, Ballet Spartanburg reserves the right to cancel the camp and refund 100% of tuition.

Summer Camp Information for Parents to Read and Sign

Medical Information/Waiver/Indemnification:

- I am the parent or legal guardian and I understand that dance and creative movement involve physical contact between dancers and participants, that serious accidents occasionally occur during such activities, and that participants in such activities occasionally sustain serious personal injuries (including death) and/or property damage as a consequence thereof. Knowing the risks of participation, I hereby agree that my minor child and I assume those risks and release and hold harmless Ballet Spartanburg and its agents, sponsors and employees who might otherwise be liable to me, my minor child (or our heirs or assigns) for damages. In the event of an accident or illness involving my minor child or myself, I hereby authorize Ballet Spartanburg to arrange for transportation of my minor child or myself, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or medical clinic; and sign releases as may be required in order to obtain any medical or surgical treatment as is immediately required in the judgment of medical authorities at the facility. I agree neither my minor child nor I will make a claim against, sue, attach the property of or prosecute Ballet Spartanburg, their agents, sponsors or employees for damages, death, personal injury or property damages which my minor child may sustain as a result of my child's participation in these activities.
- I attest that I am eighteen years old or older and that my child is physically fit and has no known medical conditions which prohibit participation in these activities. My child and I agree to follow all laws, rules and guidelines regulating the conduct of Ballet Spartanburg dancers and participants.
- I have carefully read this agreement and fully understand its contents. I am aware that this is a release liability from myself and my child and a contract between myself, my child, and Ballet Spartanburg and its agents, sponsors and employees, and I have signed it of my own free will.

Parent Signature _____ Date _____

Photo/Video Release:

- I have read and will sign below to indicate to consent/non-consent to Ballet Spartanburg to take pictures/video for the use of social media, website or printed pictures of my child while performing. I also grant to Ballet Spartanburg and its legal representative's permission to use, reproduce, or publish the photographic portraits, pictures, digital images, or videotapes for any purpose whatsoever, without further compensation.
- I hereby warrant that I am the parent/guardian and have every right to contract in the above regard. I state that I have read the above authorization, release and agreement and fully understand the contents thereof.

PLEASE CHECK ONE OF THE BOXES BELOW THEN SIGN:

- CONSENT: I hereby certify that I am the parent or guardian of the above named child and do hereby give my consent without reservation to the foregoing on behalf of my Child.
- NON-CONSENT: I hereby certify that I am the parent or guardian of the above named child and do not hereby give my consent without reservation to the foregoing on behalf of my Child.

Signature: _____, Date: _____