2020 REGISTRATION FORM Camp and Care

**Please print and complete in full for** each student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name Sibling(s) attending Camp and Care

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s) Parent’s Employer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email #1 **(Required for Camp and Care communication­**) Email #2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #1: □ Home □Work □Cell Phone #2: □ Home □Work □Cell

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Age Student’s Date of Birth Academic School Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Emergency Contact Name Relationship to Student Phone

|  |  |  |  |
| --- | --- | --- | --- |
| **Month** | **Grade K-2** | **Grade 3-5** | **Fee for M/W or T/TH** |
| August 17- August 31 |  |  | 2 days@ 9 Hours per week M/W or T/TH $162Monthly Fee $324.00 * Science Hour $20 ( per week additional)
 |
| September 1-September 30 |  |  | 2 days@ 9 Hours per week M/W or T/TH $162Monthly Fee $648.00 * Science Hour $20 ( per week additional)
 |
| October 1-October 30 |  |  | 2 days@ 9 Hours per week M/W or T/TH $162Monthly Fee $648.00 * Science Hour $20 ( per week additional)
 |
| November 2-November 20 |  |  | 2 days@ 9 Hours per week M/W or T/TH $162Monthly Fee $486.00* Science Hour $20 ( per week additional)
 |
| December 1-December 18 |  |  | 2 days@ 9 Hours per week M/W or T/TH $162Monthly Fee $648.00* Science Hour $20 ( per week additional)
 |

* Family Rate for 2 or more children. Each additional child 10% discount off monthly total.
* Camp fee is to be prepaid at the beginning of the month.
* COVID-19 Waivers for Ballet Spartanburg and Chapman Cultural Center required
* Ballet Spartanburg will not dispense any medications

|  |
| --- |
|  FOR OFFICE USE ONLYDate Pd.\_\_\_\_\_\_\_\_ Amount Pd.\_\_\_\_\_\_\_\_\_ Staff Member\_\_\_\_\_\_\_ Check [ ]  Chk.#\_\_\_\_\_\_\_\_\_ Cash [ ]  Credit Card [ ]  |

Student/Students Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release**

Does student have any known allergies? No\_\_\_\_ Yes\_\_\_ If yes, please list

Is student currently taking medication: No\_\_\_\_ Yes\_\_\_\_ If yes, please list

Please describe any medical conditions that we should be aware of:

Is student physically fit to participate in movement class?

I am the parent or legal guardian and I understand that dance and creative movement involve physical contact between 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 participants.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of 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.

Signature: Date:

**Photo/Video/Electronic Disclosure**

For valuable consideration herein acknowledged as received, I hereby grant to Ballet Spartanburg and its legal representatives ownership of any and all photographs taken of my child during camp.

I also grant to Ballet Spartanburg and its legal representative’s permission to use, reproduce, or publish the photographs 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.

I/We hereby understand and accept the risk of sending any electronic devices such as laptops, computers, Ipads, cellphones or any device needed for the camp/instruction. I/We hereby do not hold Ballet Spartanburg and its agents, sponsors and employee responsible should any damage occur to any device I/We send for camp instruction.

This release shall be binding upon me, my respective heirs, legal representatives and assigns.

Signature: Date:

2020-2021 AUTO-DRAFT AUTHORIZATION FORM

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\*AUTHORIZATION IS FOR MONTHLY TUITION PAYMENTS ONLY. WE CANNOT PROCESS YOUR

 CARD INFORMATION FOR OTHER PAYMENTS TO BALLET SPARTANBURG.

|  |  |  |
| --- | --- | --- |
| **Instructions: Complete and sign form Circle one** |  **Visa**  | **MasterCard**  |
| **Credit Card # 3 digit security code** |
| **Exp. Date on Credit/Debit Card (mm/yr)** |
| **Name as appears on card** |
| **Company name on card (if applicable)** |
| **Credit card billing address** |
| **City** | **State** | **Zip**  |
| **Telephone Number** | **Fax Number**  |
| **This authority is for monthly charges according to the information provided below.** Payments will be charged on the 1st business day of each month **(August–December 2020)** | **Payment Amount** | **$**  |
|  |  |  |
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|   |  |  |
| * I authorize Ballet Spartanburg to charge my credit card for payment of their products and/or services\*. If Ballet Spartanburg is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees.
* Please notify us immediately with the updated information if your credit/debit card information changes.
 |
| By signing this authorization, I acknowledge that I have read and agree to all of the above information and all information given is true.  |
| Signature of Card Holder |
| Printed Name of Card Holder |
| Date |