

Dallet 2025 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	
Address	
City, State, Zip	
Email Address	
Emergency Contact Name/Number	
Please e-mail this completed registration form to Analay Saiz, Principal of the Center for Dance Education, at asaiz@balletspartar	
Select One	
$\ \square$ I will send in a check. My check is my child's reservation.	
☐ Please invoice me for this camp via the email above.	
$\hfill \square$ 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	
☐ Create, Dance, Twirl and Swirl	3-4 3-4	☐ Session 1 June 2-June 6 ☐ Session 2 July 28-August 11	10:00–10:50 10:00–10:50	\$75 \$75	
☐ Paw Patrol Dance Party	4-7 4-7	☐ Session 1 June 16-June 20 ☐ Session 2 July 21-July 25	1:00-3:00 10:00-12:00	\$150 \$150	
☐ Let it Go with Elsa's and Anna's Frozen Adventure	5-8 4-7	☐ Session 1 June 16-June 20 ☐ Session 2 July 21-July 25	10:00–12:00 1:00–3:00	\$150 \$150	
☐ Bibbidi-Bobbidi-Boo It's Cinderella Camp for YOU!	4–7	June 23–June 27	10:00-12:00	\$150	
☐ The little Mermaid Camp with Ariel and her Friends	5-8	June 9–June 13	1:00-3:00	\$150	
Nutcracker and Sugar Plum Dance Camp	5-8	July 7–July 11	10:00-12:00	\$150	
☐ Calling all Princesses. It is time for a Tea Party Camp!	4–7	July 14–July 18	10:00-12:00	\$150	
☐ SHAKE IT OFF! It's our Summer Tour Camp with Taylor Swift!	6–10	☐ Session 1 June 16-June 20 ☐ Session 2 July 14-July 18	1:00-3:00 1:00-3:00	\$150 \$150	
☐ It's Time to Roll and Tumble! Tumble and Jazz Camp	5-9	July 28-August 1	11:00-12:00	\$75	
☐ Rising 1A–1B		June 9–June 13	10:00-11:00	\$75	
☐ Rising 2A-2B		June 9–June 13	11:00-12:00	\$75	
☐ Junior Intensive/Rising 3A–3B		July 14-July 18	10:00-1:00	\$225	
☐ Summer Intensive/Rising Ballet 4/6-Pre-	Pro	June 23-June 27	10:00-1:00	\$400	
☐ Summer Intensive-2C/Boys		June 23-June 27	10:00-1:00	\$400	
☐ Mazurka Workshop (1 week mandatory)		June 16-June 20	10:00-12:00	\$150	
\square Boys Ballet/Peter and the Wolf	8–11	July 21–July 25	10:00-11:00	\$75	
It's a Boys Conditioning Week! ☐ Time to WORK IT OUT!!!	8–11	July 21–July 25	11:00-12:00	\$75	
☐ It is our Luck of the Irish Step Camp	5 & above	June 9–June 13	10:00-12:00	\$150	
☐ Partnering Class - Pre-Pro and Company Male Dancers		June 16 - June 20	12:00-1:00	\$75	
	CAMP TOTAL \$				

BALLET SPARTANBURG MEDICAL RELEASE 2024-25

Student's Name		
Does dancer have any known allergies? ☐ No ☐ Yes If yes, please list ☐		
Is dancer currently taking medication: No Yes If yes, please list		
Please describe any medical conditions that we should be aware of:		
Is dancer physically fit to study dance? \square No \square Yes		
I am the parent or legal guardian and I understand that dance and creative movement involve phers and participants, that serious accidents occasionally occur during such activities, and that participation accidents occasionally sustain serious personal injuries (including death) and/or property damage as a conthe risks of participation, I hereby agree that my minor child and I assume those risks and release Spartanburg and its agents, sponsors and employees who might otherwise be liable to me, my massigns) for damages. In the event of an accident or illness involving my minor child or myself, I have the arrange for transportation of my minor child or myself, whether by ambulance or other emergency medical treatment would normally be administered, including but not limited to, an edoctor's office, or medical clinic: and sign releases as may be required in order to obtain any medical medical property of or prosecute Ballet Spartanburg, their agents, sponsors or empersonal injury or property damages which my minor child may sustain as a result of my child's personal injury or property damages which my minor child may sustain as a result of my child's personal injury or property damages which my minor child may sustain as a result of my child's personal injury or property damages which my minor child may sustain as a result of my child's personal injury or property damages which my minor child may sustain as a result of my child's personal injury or property damages which my minor child may sustain as a result of my child's personal injury or property damages which my minor child may sustain as a result of my child's personal injury or property damages which my minor child may sustain as a result of my child's personal injury or property damages which my minor child may sustain as a result of my child's personal injury or property damages which my minor child may sustain as a result of my child's personal injury or property damages which my minor child may sustain as a result of my child my child my child my child	articipant in sequence and hole in or child in or child in or sequence in or child in or c	s in such activities e thereof. Knowing d harmless Ballet d (or our heirs or ithorize Ballet Spar- a proper facility where y room of a hospital, a urgical treatment as is nor I will make a claim for damages, death,
I attest that I am eighteen years old or older and that my child is physically fit and has no known hibit participation in these activities. My child and I agree to follow all laws, rules and guidelines Spartanburg dancers and participants.		
I have carefully read this agreement and fully understand its contents. I am aware that this is a read my child and a contract between myself, my child, and Ballet Spartanburg and its agents, sphave signed it of my own free will.		
Signature	Date	
DHOTO WIDEO DELEASE		
PHOTO/VIDEO RELEASE For valuable consideration herein acknowledged as received, I hereby grant to Ballet Spartanbur ownership of any and all photographic portraits, pictures, digital images, or videotapes of my chi mances and studio sessions of Ballet Spartanburg.	_	•
I also grant to Ballet Spartanburg and its legal representative's permission to use, reproduce, or I traits, pictures, digital images, or videotapes for any purpose whatsoever, without further compe		e photographic por-
I hereby warrant that I am the parent/guardian and have every right to contract in the above regardove authorization, release and agreement and fully understand the contents thereof.	ard. I stat	e that I have read the
PLEASE CHECK ONE OF THE BOXES BELOW THEN SIGN:		
\square CONSENT: I hereby certify that I am the parent or guardian of the above named child and do consent without reservation to the foregoing on behalf of my Child.	hereby g	ive my
☐ NON-CONSENT: I hereby certify that I am the parent or guardian of the above named child a give my consent without reservation to the foregoing on behalf of my Child.	nd do no	t hereby
Signature	Date	