

REGISTRATION FORM:



Mail to: PZ Dance Academy 173 Grove St Worcester MA 01605

PLEASE PRINT

PARENT NAME _____

STUDENT NAME _____ AGE _____ DOB _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMERG.# CELL _____

EMAIL _____ @ _____

LIST ALL ALLERGIES _____

REACTION _____ WILL YOU BE LEAVING MEDICATION? YES NO

PERMISSION TO GIVE MEDICATION IF NEEDED _____

- Ballet Art Camp:** Ages 6-11 July 18-22 from 9-1 >\$115 (Beginners are welcome!)
- Dance Camp:** Ages 7-10 August 15-19 from 9-2 > \$140 (Must have dance experience)
- Jungle Animals Camp:** Ages 2.5-5 August 8-12 from 9-11 > \$90

Discounts are available for multiple camps, inquire within.

ALL FEES ARE *NON-REFUNDABLE

TOTAL ENCLOSED \$ _____ CHECK # _____ **NO REFUNDS**

NOTE> A \$25 bank fee will be charged for returned checks

WAIVER:

I/we realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and/or parent/guardian) assume all risks related to the use of all spaces used by PZ Dance Academy during the "DANCE CAMP" Program. I/we agree to release and hold harmless PZ Dance Academy, including their teachers, dancers, staff members, and facilities from any cause of action, claims, or demands now and in the future. I/we will not hold PZ Dance Academy, liable for any personal injury or any personal property damage, which may occur before, during or after classes during the "DANCE CAMP" Program. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior and any damage I/we may cause to the facilities utilized by PZ Dance Academy. I understand that PZ Dance Academy, is a licensed, accredited and insured organization. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the Executive Director, Artistic Director, instructor or staff member immediately. I acknowledge and agree that it is my responsibility to maintain my own accident and health insurance coverage that provides adequate coverage for myself and my child participating in the "DANCE CAMP" Program at PZ Dance Academy and that PZ Dance Academy, does not provide accident or health insurance for those participating in its instruction, activities or programs. I authorize and agree that PZ Dance Academy, may take and use photographs, videos or likenesses of myself or my child as needed for its record-keeping, advertising and/or public relations projects and that I have no rights to the same and will not be compensated for the same.

To the best of my knowledge and belief, s/he is and has been in normal good health and is free from all communicable or contagious diseases.

It is further understood that, should an emergency arise, I will be notified immediately. However, in the event that we cannot be located immediately or if the emergency requires immediate attention, the authorities of the PZ Dance Academy "DANCE CAMP" may take such temporary measures as they deem necessary.

PARENT SIGNATURE/WAIVER _____

DATE: _____