

# *Arabesque Etc. Dance*

*35 West Main St.  
Richmond, VT 05477  
802-383-8468*

## SUMMER CAMP REGISTRATION & DANCER INFORMATION

Dancer's Name: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Years of Dance Experience \_\_\_\_\_

Age \_\_\_\_\_

Siblings who dance at AED \_\_\_\_\_

Primary Parent/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Work Phone(s) \_\_\_\_\_

E-Mail (s) \_\_\_\_\_

Primary Contact for Billing/Update Notices \_\_\_\_\_

### **EMERGENCY INFORMATION:**

Emergency Contact \_\_\_\_\_

Contact Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**MEDICAL INFORMATION:**

Special Needs/Concerns: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**SCHOOL INFORMATION:**

School Dancer Attends

\_\_\_\_\_

<b>Camp</b>	<b>Week</b>	<b>Age group</b>	<b>Tuition</b>
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\_\_\_\_\_

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**Non-Refundable New Camper Registration Fee:**

Circle One:    Single Dancer (\$10)    Family Registration (\$15)

**CONSENT AND AGREEMENT:**

**Parent/Guardian please initial below indicating you agree with the following statements:**

I give my consent for Arabesque Etc. Dance LLC to use photographs and videos of me/and or my child that may be used in various forms of publication, without compensation. I give consent to have my child filmed by MMCTV. \_\_\_\_\_

I have received a copy of, read, and agree with the Arabesque Etc. Dance LLC Policy Statement.  
\_\_\_\_\_

I will complete my financial agreements with AED. \_\_\_\_\_

I will contact AED at 383-8468 if student will be missing a class. \_\_\_\_\_

AED will always keep safety first, however injuries can happen. Please inform your teacher of any prior injuries. Always listen to your body and understand that you take class at your own risk. If a child sustains an injury during class or while at AED, it is the parent/caregiver's responsibility to seek medical care within 24 hours and notify the Director with the results.  
  
\_\_\_\_\_

Arabesque Etc. Dance LLC and staff are not liable for any personal injury or loss of property.  
  
\_\_\_\_\_

AED reserves the right to remove a child from the camp should the child not be able to work cohesively within his or her camp group. \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_

DATE \_\_\_\_\_

**DANCER (10 years+) SIGNATURE**

\_\_\_\_\_

DATE \_\_\_\_\_

**Please complete form and mail a copy with a check to:  
Arabesque Etc. Dance LLC, 35W Main St., Richmond, VT, 05477  
Arabesqueetc.com --- Arabesqueetcdance@gmail.com --- 802-383-8468**