

Arabesque Etc.



DANCE STUDIO

CAMP REGISTRATION 2018

Dancer's Name: _____

Date of Birth : _____ Age: _____

Years of Dance Experience: _____

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: _____

<i>Camp Week</i>	<i>Age Group</i>	<i>Tuition</i>
New Camper Registration Fee (for dancers new to AED, non-refundable):		___ Single Dancer (\$10) ___ Family (\$15)
TOTAL DUE \$25 non-refundable deposit due by June 5th (included in total camp fee).		

___ Yes, I want pre-camp care: ___M ___T ___W ___T ___F (please check days)

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 and mail with a check to:

Arabesque, Etc. Dance LLC, 35 West Main St, Richmond VT 05477

Arabesque Etc. Dance | 35 West Main St. | Richmond, VT 05477
802-383-8468 | www.arabesqueetc.com | arabesqueetcdance@gmail.com