



# 2018 Danceology Boys-Only Camp (5-10yrs)

## Registration Form

For official use only	
Initials: _____	Date: _____

### Student Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### Parent Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please list all medical conditions and or allergies including current medications. Also, list any learning or other special considerations/ circumstances of which Danceology should be made aware: \_\_\_\_\_

How did you hear about our summer programs? _____ _____
--

STUDENT NAME(S)	DATE	TIME	CAMP	COST	SUBTOTAL
<b>Danceology® 2018 Summer Boys Camp</b>					
Name:	July 9-12	9:30am-12:30pm	Boys Camp (5-10yrs)	\$175.00	
				<b>Final Total</b>	<b>\$</b>

PLEASE PACK A SNACK AND WATER BOTTLE DAILY. I HAVE READ DANCEOLOGY TUITION POLICIES AND AGREE TO THE PAYMENT TERMS. I UNDERSTAND THAT PAID TUITION WILL NOT BE REFUNDED. SUMMER CAMPS/WORKSHOPS ARE NON-TRANSFERRABLE AND CANNOT BE CREDITED TOWARDS FUTURE SESSIONS.

### Payment Information

#### Credit Card

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Ex. Date: \_\_\_\_\_

Cash

_____ SIGNATURE OF PARENT/ LEGAL GUARDIAN	_____ DATE
_____ DANCEOLOGY REPRESENTATIVE	_____ DATE

### STUDENT LIABILITY WAIVER

Danceology, Inc.®, is hereafter referred to as "DI" and \_\_\_\_\_, is hereafter referred to as "Dance Student." The following is hereby agreed upon. In consideration of being allowed to participate as a student in any way in one or more dance or exercise programs, its related events and activities (such workshops, events, and activities are collectively referred to herein as the "Program"), I, the above referenced Dance Student, acknowledge, appreciate, and agree that:

1. I am an adult over 18 years of age (or, if a child under 18 – see below), and understand the inherent risks, typical hazards, and potential consequences associated with dance or exercise; and
2. The risk of injury from the activities involved in the Program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
3. I further understand that some of those risks include, but are not limited to, incidents which may cause one to fall and that DI may not have any control over such events. I also understand that injuries may be caused by my own behavior, conduct, or lack of skill; and
4. I fully understand and am knowledgeable of these risks and hazards of dance courses. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF others, and assume full responsibility for my participation; and
5. I willingly agree to comply with the stated and customary terms and conditions for participation in the Program. If, however I observe any unusual significant hazard during my presence or participation I will remove myself from participation and bring the hazard to the attention of the nearest official DI

6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS DI and its officers, officials, agents, employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Program, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF MYSELF OR THE ABOVE CORPORATION, INDIVIDUALS, OR PARTIES, to the fullest extent permitted by law.
7. I AM INFORMED AND AM AWARE OF ALL THE TYPICAL DANCE COURSE HAZARDS AND ASSOCIATED RISKS AND WISH TO OBTAIN IN DANCE INSTRUCTION FROM DI AND MYSELF (OR MY CHILD, IF APPLICABLE) DESPITE THESE HAZARDS AND RISKS. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

### PARENT/GUARDIAN CONSENT & APPROVAL

I am the parent or legal guardian of the above Dance Student under age 18. I have read and approved of all the foregoing and agree to bind myself, my spouse (if any) and the above referenced child to the terms of this liability waiver. My signature below shall be considered to be an acknowledgement of my signing this liability waiver agreement in my own capacity and in my capacity as parent or legal guardian of the Dance Student. I also agree the DI should not be responsible for the safety and well being of Dance Students who leave DI's premises

_____ SIGNATURE OF PARENT/ LEGAL GUARDIAN	_____ DATE
--	---------------

_____ PRINT LEGAL NAME	_____ RELATIONSHIP
---------------------------	-----------------------