



2017 SUMMER DANCE CAMP REGISTRATION

STUDENT NAME _____

PARENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREFERRED PHONE NUMBER _____

EMAIL _____

EMERGENCY CONTACT & PHONE _____

BIRTHDATE _____ AGE _____

DANCE CAMP TUITION: \$160

PLEASE CIRCLE YOUR PREFERENCES

DANCE DISCOVERY (Ages 3-5)

DANCE FUNDAMENTALS (Ages 6-8)

MONDAY or WEDNESDAY

TUESDAY or THURSDAY

Non-Refundable Registration Fee:

NEW STUDENT \$35 CURRENT STUDENT \$10

Does your child have any medical conditions or allergies of which BWR should be aware?

PHYSICIAN'S NAME _____ PHONE _____

DENTIST'S NAME _____ PHONE _____

I understand that Ballet Western Reserve will provide adequate supervision for classes and activities in which my child participates. Ballet Western Reserve will make every reasonable effort to ensure the safety of all participants. I am also aware that Ballet Western Reserve will not assume responsibilities for any and all accidents, injuries, or loss of personal items. I release Ballet Western Reserve from liability from any injury which may arise and waive any claim which hereafter may arise.

Parent Signature _____ Date _____