

## Summer 2024 Registration Form - Dance Camp - Ages 5-8

|                            |  |            |  |
|----------------------------|--|------------|--|
| Student's First Name:      |  | Last Name: |  |
| Student's Birth Date:      |  | Age:       |  |
| Student's Mailing Address: |  |            |  |
| Parent/Guardian #1         |  |            |  |
| Home Phone:                |  | Work:      |  |
| Cell Phone:                |  | Email:     |  |
| Parent/Guardian #2         |  |            |  |
| Home Phone:                |  | Work:      |  |
| Cell Phone:                |  | Email:     |  |

| Select | Description                        | Cost         | Amount |
|--------|------------------------------------|--------------|--------|
|        | July 22–25, Mon–Thur: 8:30–11:30am | \$180        |        |
|        | August 5–8, Mon–Thur: 8:30–11:30am | \$180        |        |
|        |                                    | <b>TOTAL</b> |        |

### Liability Release

I hereby give my consent for my child/self to participate in classes and activities at Lebanon Ballet School (LBS). I am fully aware and appreciate the risk and damages that might occur as a result of participating in LBS classes and activities. I have been assured that all pre-cautions will be taken to ensure my/my child's safety.

I hereby waive and release any and all rights or claims for any damages my child/self may have against LBS, its staff, employees, teachers and agents for any and all injuries sustained or suffered by my child/self at any LBS class or activity. I do hereby verify that I fully understand

and accept the preceding conditions for permitting my child/self to participate in any LBS class or activity.

### Medical Release

I understand that it is my responsibility to provide all medical insurance coverage. That I must inform LBS of any medical condition that is present or may occur and may affect my child/self training while enrolled at LBS. In the event I cannot be reached, I hereby give my permission to the staff of LBS to authorize any emergency medical care that may be required by the above student during my child/self participation in classes, performances, or any related LBS event. This authorization extends through the current

year or until my child/self is no longer enrolled at LBS, whichever comes first.

I understand that I am responsible for any and all charges as a result of such care or medical treatment.

### Publicity Release

I hereby authorize LBS to record my child/self pictures, photographs, films and DVDs, to edit these recordings at its discretion and to incorporate these recordings for LBS to use for publicity including advertising and sales promotion.

I acknowledge that no promises of compensation have been made by LBS for such use.

*I have read, understand and agree to the Liability Release, Medical Release and Publicity Release.*

Parents' Signature \_\_\_\_\_ Date \_\_\_\_\_

## Summer 2024 Payment Form - Dance Camp - Ages 5-8

**THERE ARE NO REFUNDS DUE TO ABSENCE, WITHDRAWAL OR EXPULSION.**

**TUITION IS NON-TRANSFERRABLE.**

**PAYMENT IN FULL MUST ACCOMPANY THIS FORM.**

Payment of \$\_\_\_\_\_ paid by (check one) \_\_\_\_ Check \_\_\_\_ VISA \_\_\_\_ MasterCard

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

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

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

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

\_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Card Holder**

\_\_\_\_\_  
**Date**

| Do Not Write Below Here - For Office Use Only |  |         |  |             |  |
|---|--|---------|--|-------------|--|
| Date  |  | Check # |  | Payment     |  |
| Date Entered                                  |  |         |  | Auth Number |  |