

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
	June 17–20, Mon–Thur: 8:30–11:30am	\$180	
	July 22–25, Mon–Thur: 8:30–11:30am	\$180	
	August 5–8, Mon–Thur: 8:30–11:30am	\$180	
		TOTAL	

<p style="text-align: center;">Liability Release</p> <p>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.</p> <p>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</p>	<p>and accept the preceding conditions for permitting my child/self to participate in any LBS class or activity.</p> <p style="text-align: center;">Medical Release</p> <p>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</p>	<p>year or until my child/self is no longer enrolled at LBS, whichever comes first.</p> <p>I understand that I am responsible for any and all charges as a result of such care or medical treatment.</p> <p style="text-align: center;">Publicity Release</p> <p>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.</p> <p>I acknowledge that no promises of compensation have been made by LBS for such use.</p>
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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	