

## Summer 2024 Registration Form - Dance Camp - Ages 9-12

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

Select	Description	Cost	Amount
	June 14–27, Mon–Thur: 8:30–11:30am	\$180	
	August 12–15, Mon–Thur: 8:30–11:30am	\$180	
	August 19–22, Mon–Thur: 8:30–11:30am	\$180	
	<b>TOTAL</b>		

<p style="text-align: center;"><b>Liability Release</b></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 waiver 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;"><b>Medical Release</b></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;"><b>Publicity Release</b></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 9-12

**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	