

Dance Camp Registration Form

One form per student.

Print & Mail to: Ronnie's Academy of Dance
 1598 N. Meadowcrest Blvd
 Crystal River, FL 34429

Primary Adult _____ Mailing Address _____

City _____ State _____ Zip _____ Phone () _____

Work Phone () _____ Cell Phone () _____

Student Name _____ Sex _____ Age _____ Date of Birth _____ Grade _____

Email Address: _ _ _ _ _

(for Ronnie's Academy of Dance business only)

AGREEMENT TO PARTICIPATE AND LIABILITY WAIVER: I understand dance and related activities involve risk of injury. I, the adult applicant or parent or legal guardian of the student listed above, hereby give approval for the student's participation in any and all Ronnie's Academy of Dance programs and activities as registered. I waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and persons involved in the operation of Ronnie's Academy of Dance (it's owners, staff and related parties) programs for any claims arising out of injury or other loss to named applicant or any member of his/her family whether as a participant in the activities or as a spectator or visiting the facilities. I further understand Ronnie's Academy of Dance is not liable for children left unattended when not participating in a class.

AUTHORIZATION OF MEDICAL CARE: In case of injury or illness while participating, I authorize medical care for myself or child and accept responsibility for medical expenses. **PHOTO AUTHORIZATION:** I also give permission for Ronnie's Academy of Dance to take photos of me or my child to use for the purpose of promoting the school. If any child exhibits behavior that is dangerous to herself/himself or to other students, Ronnie's Academy of Dance reserves the right to remove the child from the school. **POLICIES AGREEMENT:** I have read, understand and will abide by the policies & rules above, as well as those listed in the Ronnie's Academy of Dance brochure and the registration letter attached, including no refunds on tuition or costumes paid.

 Adult Student or Parent/Guardian Signature

 Date

Check choice(s) below - **50% Non-Refundable Deposit Required** - Amount Enclosed: _____ Check # _____

July 12-16	10am - 12 noon	Dance Camp I (ages 3 and 4)	\$90.00
July 12-16	1pm - 5pm	Musical Theatre Camp (ages 6 and up)	\$275.00 for both weeks
July 19-23	9am - 1pm	Dance Camp II (ages 5 and 6)	\$170.00
July 19-23	1pm - 5pm	Musical Theatre Camp (ages 6 and up)	Included above
July 26-30	10am - 12 noon	Hip-Hop Plus Camp (ages 6 and up)	\$90.00
July 26-30	1pm - 5pm	Nutcracker Camp (ages 6 and up)	\$175.00

Emergency Information

Emergency Contact: _____ Phone: _____ Doctor _____ Phone _____

Does the applicant have any special medical considerations? _____

I understand every effort will be made to contact me, the emergency contact person or the doctor. If we cannot be reached, I give my consent for the emergency room physician to treat myself, my child or my family.

Signature _____ Date _____