

Camp and Master Class Registration Form
2008 Dance Xplosion

Student Name: _____

<u>Camp/Master Class Name</u>	<u>Date/Time</u>	<u>Total Fee</u>

All 5-day camps - \$150 fee / \$75 deposit required (*balance due 3 days prior to camp*)
All 3-day camps - \$95 fee / \$50 deposit required (*balance due 3 days prior to camp*)
Master Classes - Depends on instructor. Please use the amount noted on the schedule.

Would you like Extended Care before (8-9am) or after (4-5pm) camp? YES / NO
5-day camp Extended Care - \$35/wk 3-day camp Extended Care - \$25/wk

Total Camp Fees: \$ _____

Total Extended Care Fees: \$ _____

Total Master Class Fees: \$ _____

TOTAL DUE - \$ _____

AMOUNT PAID (non-refundable) - \$ _____

BALANCE DUE (at least 3 days prior to camp/class) - \$ _____

Please make checks payable to "Dance Xplosion" and write child's name on check

If paying by credit card:

Parent / Guardian Signature: _____ Date: _____

Card Holder Name (as seen on card): _____

Billing Address with Zip: _____

Credit Card Type: VISA / MasterCard / Discover Expiration Date: _____

Credit Card #: _____ 3-Digit Code: _____

*Note: If you submit a registration form/payment for a class that is full, or your class is cancelled due to quantity of enrollment, Dance Xplosion will contact you and you may then register for another class. Alternatively, only in these situations your money will be fully refunded.

<u>For Office Use Only</u>		
Pay Method: Credit Charge	Date _____	Received Check # _____
Reg. taken by: _____	Date taken: _____	Date entered in Computer: _____
Rcd. Waiver Signature _____	Rcd. Info Form _____	Rcd Reg. Form _____

Dance Xplosion, LLC
Summer 2008 Studio Waiver

In consideration of your acceptance of the enrollment, I, intending to be legally bound, do hereby waive, release, and forever discharge all rights and claims against Dance Xplosion, LLC and/or involved staff for damages or injury sustained by me or my child while in classes or on studio premises before or after class, or at any other studio activities including but not limited to recitals, workshops, camps, competitions, performances, and visits to surrounding community businesses. I authorize and agree to hold harmless Dance Xplosion, LLC, to obtain medical emergency assistance when they deem necessary and for Dance Xplosion LLC to provide transportation to receive such medical assistance for myself and/or my child named below.

I further agree to be financially responsible for all medical services provided to me and/or my child named below, including the cost of defense and enforcement of this indemnity agreement.

I understand and agree that Dance Xplosion LLC and staff may administer first aid on Dance Xplosion premises in the event of minor injuries. Guardians will be notified if basic first aid is provided to any child.

I authorize Dance Xplosion, LLC to use photos taken of me or my child while at dance or dance functions for marketing and promotional materials, including website. I acknowledge that my child will be videotaped for educational and performance purposes only, including but not limited to recital(s).

Please note that Dance Xplosion, LLC agrees to not make public or resell any private information provided to it by students and their families.

I have read the foregoing Studio Waiver and agree with it in all respects.

Student Name: _____

Print Guardian Name: _____

Guardian Signature: _____ Date: _____

Please mail in your completed packets and payments OR drop them off at Dance Xplosion:

Dance Xplosion
9600 Escarpment Blvd.
Bldg. F, suite# 750
Austin, TX 78749

Between Starbucks and Waterloo
Packets can be dropped off during Spring / Summer construction

Thank you for signing up for a Summer Program at Dance Xplosion Austin!!