

CAMPS & INTENSIVES – Summer 2013 DXP Registration Form

****1 form per student****

____ New Student or Returning after a 1+yr absence

**If enrolling student has danced at DXP within 1 school year and no contact info has changed, you can skip this page

Student Info Form

Student Name (first and last): _____

Birthday: ____/____/____ Male or Female: _____

Parent / Guardian Name(s): _____

Home Address: _____ / _____ / _____
(street address) (city) (zip)

Phone #: (____) _____ Alternative Phone#: (____) _____

Parent Email (required): _____

Emergency Contact: _____ Emergency Phone #: (____) _____

How did you hear about us? _____ Years of dance training: _____

Does your child have any allergies (insect stings/bites, foods, medications...)?

Yes _____ No _____ If yes, please list them: _____

Does your child consistently take any medications?

Yes _____ No _____ If yes, please list them: _____

Does your child have any medical or special needs in which you feel we should be aware of?

Yes _____ No _____ If yes, please list them: _____

Dance Xplosion, LLC - 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, intensives, 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 may 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(s): _____

Guardian Name (printed): _____

Guardian Signature: _____ Date: ____/____/____

Rcvd. Waiver Sig & Info OR on file from w/in year ____ Rcvd Reg. Form ____

Student Name (first and last): _____

- Summer Camps: 5-day \$175 / 3-day \$105 / 2-day \$75** (camp length is noted in Camp Description)
 50% deposit AND completed paperwork required to enroll and hold spot – balance due 1st Day of Camp
Receive \$10 off per camp for each additional camp registered for during Summer 2013 (*First camp is full price*)
 *Discount is based on a per-student basis and not a combination of siblings.

Camp Name: _____ Date: _____ Full Price: \$ _____

Camp Name: _____ Date: _____ Full Price: \$ _____

Camp Name: _____ Date: _____ Full Price: \$ _____

- Intensives: \$80 for the first intensive**
 50% deposit AND completed paperwork required to enroll and hold spot – balance due BEFORE intensive begins
Receive \$5 off per intensive for each additional intensive registered for during Summer 2013 (*First intensive is full price*)
 *Discount is based on a per-student basis and not a combination of siblings.

Intensive Name: _____ Date: _____ Full Price: \$ _____

Intensive Name: _____ Date: _____ Full Price: \$ _____

Intensive Name: _____ Date: _____ Full Price: \$ _____

	Camp(s)		Intensives(s)		
Total Cost					
50% Subtotal					
Total Discount (\$10 per addi. Camp / \$5 per addi. Intensive) (1st Camp = full price, 1st Intensive = full price)					
Deposit Due (Subtotal minus Discount)		plus		equals	\$ _____ = Total Camp & Intensive DEPOSIT Due
Balance Due (Pay before 1st day of Camp / Intensive)		plus		equals	\$ _____ = Total Camp & Intensive BALANCE Due

*Balance due BEFORE event begins
 *All payments are non-refundable
 *Discounts are per child, not per family

CHECKS: Please make checks out to "Dance Xplosion"
CREDIT CARDS BY MAIL or FAX, please fill in below (no phone payment/enrollment unless on autopay):

- PLEASE CHARGE TO THE AUTOPAY CARD THAT DANCE XPLOSION
 HAD ON FILE FOR 2012-2013 SCHOOL YEAR (*sign below to authorize*)

Card Type: VISA / MasterCard / Discover 3-Digit Code: _____ Expiration Date: ____/____/____

Card #: _____ Billing Zip: _____

Card Holder Name (as seen on card): _____

By signing below you acknowledge that the 50% deposit will be charged to your card immediately AND the remaining balance will be charged to your card on the first day of the camp/intensive if not paid in person BEFORE the event begins.

Signature: _____

Date: ____/____/____

OFFICE -Enter info (Special Event) & pmt in SD -Stamp Reg Form/Slip
 -Slip & Form = blue bin -Waiver = black bin