



SUMMER CAMP 2024 REGISTRATION

___ New Student ___ Returning Student

STUDENT INFORMATION

Student's Name: _____

Birth Date: _____ Age: _____

School: _____ Grade: _____

Home Address: _____

City: _____ Zip Code: _____

PARENT(S)/GUARDIAN(S)

Name: _____

Cell Phone: (____) _____

E-Mail: _____

Name: _____

Cell Phone: (____) _____

E-Mail: _____

PERSONS AUTHORIZED TO PICK UP CHILD

1. Name: _____ Relationship to child _____

Cell phone number _____

2. Name: _____ Relationship to child _____

Cell phone number: _____

Cost for camp session is \$325/Session. Dance Intensive is \$215 per week.

Please check off which session(s) you will be attending:

<input type="checkbox"/>	Session 1	June 10-14	Enchanted Princess & Fairies	9:00-12:00
<input type="checkbox"/>	Session 2	June 10-14	Enchanted Princess & Fairies	1:00-4:00
<input type="checkbox"/>	Session 3	June 17-21	Adventure Princess	9:00-12:00
<input type="checkbox"/>	Session 4	June 17-21	Adventure Princess	1:00-4:00
<input type="checkbox"/>	Session 5	June 24-28	Pop Star	9:00-12:00
<input type="checkbox"/>	Session 6	June 24-28	Hip Hop Acro Kids	1:00-4:00
<input type="checkbox"/>	Session 7	July 8-12	Hip Hop Acro Kids	9:00-12:00
<input type="checkbox"/>	Session 8	July 8-12	Pop Star	1:00-4:00
<input type="checkbox"/>	Session 9	July 22-26	New Team Dance Intensives	10:00-12:00
<input type="checkbox"/>	Session 10	July 22-26	Dance Intensive Mini & Petites	12:00-2:00
<input type="checkbox"/>	Session 11	July 22-26	Dance Intensive Tweens & Juniors	2:00-4:00
<input type="checkbox"/>	Session 12	July 22-26	Dance Intensive Senior	4:00-6:00

For morning camp sessions please pack a peanut free lunch. For afternoon sessions please pack a light peanut free snack.

CAMP SESSIONS MAY BE ADDED IF WE HAVE A GROUP OF CAMPERS WHO WOULD LIKE TO COME TOGETHER AT A TIME NOT DESIGNATED HERE. CONTACT MISS CONNIE FOR FURTHER INFORMATION.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM^[L] INNER GRACE
DANCE^[SEP] PLEASE PRINT—You must fill out form completely or processing will be
delayed. DATE: _____, 20____

Participant's Full Name (1)

_____ Age _____

Participant's Full Name (2)

_____ Age _____

Participant's Full Name (3)

_____ Age _____^[L]^[SEP]

Parent's Full Name

Address _____

City _____ State _____ Zip _____

Home Phone _____

Emergency Name/Phone

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I HEREBY WAIVE, RELEASE, AND DISCHARGE INNER GRACE DANCE and all divisions thereof of any and all liability and responsibility for injuries, sickness, pandemics, accidents, natural disasters and/or acts of God incurred during participation in and/or instruction of camps, intensives, private instruction, choreography or any activity I may participate.

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: INNER GRACE DANCE and/or their directors, officers, managers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this waiver, release and registration form from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name (1)

_____ [L]
[SEP]

Participant's Signature (if under 18 yrs old, Parent or guardian must also sign below) _____

Print Participant's Name (2)

Participant's Signature (if under 18 yrs old, Parent or guardian must also sign below) _____

Print Participant's Name (3)

Participant's Signature (if under 18 yrs old, Parent or guardian must also sign below) _____

PARENT / GUARDIAN WAIVER FOR MINORS (Only if student is under 18 years old)
The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature of Parent or Guardian _____

Parent/Legal Guardian

_____ **Date** _____
