SWANSEA SCHOOL OF DANCE 2008

SUMMER DANCE CAMP REGISTRATION FORM

Name of student: _____ _____
(First) (Last)

Name of parent/guardian: _____

Address: _____

e-mail: _____

Phone (home): _____ Phone (cell): _____

Emergency Contact: _____ Phone: _____

Birth date: _____
(DD/MM/YY)

Medical Concerns (allergies etc):_____

PLEASE READ BEFORE SIGNING

I hereby certify that my child is in good physical condition and able to participate in the Swansea School of Dance Summer Camp program fully. All current medical conditions and those requiring medication are outlined on this form or attached. I release the Swansea School of Dance and its teachers from liability in case of accident or injury howsoever caused. Swansea School of Dance reserves the right to place students in the most appropriate level depending on age and ability.

Swansea School of Dance has my permission to use photos of my child for the school's website (www.swanseaschoolofdance.com) and promotional material.

I understand and agree that no refund will be granted after the commencement of the Summer Camp session in which my child is enrolled.

Signature of parent/guardian_____
Date_____

PLEASE ENCLOSE CHEQUE PAYABLE TO SWANSEA SCHOOL OF DANCE.

Select camp below. Half Day Camps run from 9:00am to 12:00pm and the fee is $145. Full Day Camps run from 9:00am to 4:00pm and the fee is $245.

____July 21 to July 25, 2008 Full Day Camp (this is an intensive week for dancers ages 10 and up)

____July 28 to August 1, 2008 ____Half Day Camp ____Full Day Camp

____August 18 to August 22, 2008 ____Half Day Camp ____Full Day Camp

____August 25 to August 29, 2008 ____Half Day Camp ____Full Day Camp

Office Use Only PD ___ Permission Form ___