

Summer Camp Registration Form 2024

Elementary Age Students (5-10)

**5 year olds entering Kindergarten can enroll for half day camps only

| Student Informat | ion | |
|--|--|--|
| Student Name | | Birthdate |
| Parent Name | | |
| Address | | |
| Cell Phone | Email | |
| | June 17 – July | 26, 2024 |
| 9am-1pm (Half Day) - \$200/week or \$360 for two weeks | | 9am-4pm (Full Day) - \$410/week or \$735 for two weeks |
| ☐ June 17-21 | | ☐ June 17-21 |
| ☐ June 24-28 | | ☐ June 24-28 |
| ☐ July 8-12 | | ☐ July 8-12 |
| ☐ July 15-19 | | ☐ July 15-19 |
| ☐ July 22- | 26 | ☐ July 22-26 |
| | One hour before and after is available | for an additional \$10 per hour. |
| Payment Opti | ons – Send form to tuya@sterlingballet.com or | drop off to the studio front desk |
| Credit Card – Cr | edit cards will be charged 1 week prior to your fi | rst week of camp |
| amily Discount – A | 10% sibling discount is applied to each of the 2 nd , | 3 rd , etc. siblings in the family. |

_____ Banner

_____ Another Student _____

Referral Type:

____ Internet

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| Studer | nt Name |
|---------|--|
| Other | Fees |
| | Declined card fee – A fee of \$5 will be charged for any declined cards. |
| Withd | rawals |
| | One week notice is required for withdrawal from camp. Tuition charged is non-refundable. |
| Disclai | imer |
| Acader | st authorization for my child (from hereon referred to as Student) to participate in fitness activities at Sterling Ballet my. I acknowledge that participation by the Student is expressly conditioned on my agreement to each of the terms of this ent. I acknowledge and agree as follows: |
| 1. | Physical exercise, dance and class activities may cause injury. I understand that there is an inherent risk of injury when choosing to participate in any physical exercise, dance, wellness and/or classroom activities. The Student's participation is a voluntary activity in all respects, and I assume all risks of injury and illness that may result from such participation in any group activities or individual activities. |
| 2. | As the parent/guardian, I recognize and acknowledge that there are risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which the Student may sustain as a result of participating in any and all activities arising out of, connected with or in any way associated with dance instruction activities. I acknowledge that the Student's participation in these activities is voluntary. |
| 3. | I, on behalf of the Student, do hereby fully release and discharge Sterling Ballet Academy, its instructors and employees and those whose facilities are being used for this program (collectively, the "Released Parties") from any and all liability, claims and causes of action from injuries or illness (including death), damages, or loss which I may have or which may accrue to me on account of participation in workplace wellness activities. This is a complete and irrevocable release and waiver of liability. Specifically, and without limitation, I, on behalf of myself, covenant not to sue the Released Parties for any alleged liabilities, claims or causes of action released hereunder. |
| 4. | In the event of an emergency, I authorize Released Parties to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for Student's and/or my immediate care and agree that I will be responsible for payment for any and all medical services rendered. |
| 5. | I certify that Student is in good health and sufficient physical condition to properly participate in fitness activities at Sterling Ballet Academy and that I am knowledgeable about the proper use of any equipment that the Student will use and the rules of any activities. |
| 6. | I understand that my child may be photographed and that these photographs may be used in promoting Sterling Ballet, either in print or on the Internet. |
| | |

Date _____

Signature _____