

Summer Camp Registration Form

Cinderella - June 19 – 23, 2017
Carnival of Animals - Aug 14 – 18, 2017

Student First and Last

Name: _____ Birthdate _____

Parent(s) or guardian(s) First and Last Name:

Address _____

Home /Work phone _____ Cell phone _____

Email _____

PLEASE SELECT YOUR CAMP BELOW

Cinderella June 19 -23, 2017 Camp (Ages 4-7) \$ 150.00 + \$15 registration (before May 6, 2017). After 5/6/17 \$175.00 + \$15 registration

Cinderella Morning: 9:30 – 12:30 M - F

Cinderella Afternoon: 2:30 – 5:30 M - F

Carnival of Animals August 14 – 18, 2017 Camp (Ages 4-7) \$ 150.00 + \$15 registration (before May 6, 2017). After 5/6/17 \$175.00 + \$15 registration

Carnival of Animals Morning: 9:30 – 12:30 M - F

Carnival of Animals Afternoon: 2:30 – 5:30 M - F



MEDICAL CONSENT: In the event of injury, I hereby authorize the program officials of the Ballet Idaho Academy to arrange for medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release the Ballet Idaho Academy and all others from all liability in taking action, including all action which may be contrary to personal religious beliefs. I, the undersigned, have read this Release and Consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

LIABILITY RELEASE: I do hereby agree to release the Ballet Idaho Academy and all other cooperating agencies, employees, officials, or managers thereof, from all liability for damages by reason of injuries or property damages that may be sustained as a result of participation in this program.

PHOTO RELEASE: I, the undersigned, hereby give Ballet Idaho, its agents, and/or assignees permission to use the photographs, motion pictures or any reproductions of the above student's physical likeness taken of me in any manner it deems proper. I relinquish all rights, title, and interest I may have in the finished pictures, negatives, and copies. I waive the right of prior approval to any finished products, advertising copy, or other matter or use that may be applied, and hereby release Ballet Idaho, its agents, and/or assignees from any and all claims from damages of any and all kinds based on the use of said material. I hereby warrant that I am a parent or legal guardian of the subject of photography, who is under eighteen years of age, and am competent to act in his/her behalf insofar as the above is concerned.

I have read and agree to the above Medical consent, Liability & Photo release.

Signature _____ **Date** _____

Forms of Payment Accepted: Cash, Check or Credit/Debit Card (circle one)

Credit Card # _____

Exp. Date: _____ **CVV Code:** _____

We offer a \$25 early bird discount if you register and pay in full by May 6th and a \$20 sibling discount for families registering multiple children. These discounts may not be combined with other discounts.

If unable to pay in full at time of registration, a \$50 non-refundable deposit is required to hold a spot for your dancer. Tuition must be paid in full before the



start of your camp. If you need to withdraw from a summer camp you will receive a refund less a \$50.00 cancelation fee.

Dance camps with less than five students enrolled will be canceled, and all students will receive a full refund.

Return form and payment to: Ballet Idaho, 501 S. 8th St., Boise, ID 83702—
Questions? 208.343.0556 x 232