



# Registration Form Dancing Day Camp 2011

July 25-29	(Beg/Int. - Ages 7-9)	(Int. Ages – 10+)
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Please circle one

Print Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Current Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Home Phone Number \_\_\_\_\_

Parent's Cell Phone Number \_\_\_\_\_

Student's Cell Phone Number \_\_\_\_\_

In case of emergency notify:

\_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_

**LEGAL CLAUSE RELEASING LIABILITY**

I understand that neither the San Diego School of Ballet ,(SDSB) the Owner, the Director, the Instructor(s), nor any of the Ballet School employees, nor volunteers, will be held responsible or liable for any injury, accident, or damages that may occur on these premises. Approving to this condition includes incidents experienced within the building and, or outside the SDSB training center, as well as at off site theaters, schools, or other locations.

My signature indicates my agreement

\_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to Student

Today's Date \_\_\_\_\_

Please include \$50 non-refundable deposit due by 6/15/2010 to go towards tuition. Make check payable to *San Diego School of Ballet*.