



# Summer Camp Registration Form 2012

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www.SmithfieldDance.com

Dancer's Name: _____	Age (As of Sept.1): _____	Grade (As of Sept. 1): _____
Birthday: _____	Parents' Names: _____	
Address: _____	City, State, Zip: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Email Address: _____		

In case of emergency, person to contact other than parent: _____
Phone number: _____ Relationship: _____
Important Medical Information: _____
_____

How did you hear about SDA: \_\_\_\_\_

Please check which camp you are registering for. You may register for both.

- July 9<sup>th</sup>-12<sup>th</sup>
- August 6<sup>th</sup>-9<sup>th</sup>

- **A \$55 nonrefundable fee must accompany this form or \$110 if you are registering for both camps.**

I understand and acknowledge that there is a risk of injury inherent in dance activities and that personal injury or damage to property may result during participation in dance and related activities. I represent that my child is physically able to safely participate in dance and related activities. I agree to assume all risk associated with my child's participation in dance instruction, rehearsal, performance, and related activities. I hereby waive, release, and discharge SDA from all present and future claims and liabilities of any kind, whether for bodily injury, property damage, or other loss arising from my child's participation in dance and related activities, including but not limited to dance instruction, rehearsals and performances, whether on or off SDA's premises. I have read the policies and release and understand them and hereby agree to their terms.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_

Method of Payment: \_\_\_\_\_