YOUNG DANCER SUMMER CAMP 2024

REGISTRATION FORM

dent's Name		Age Birth Date		
Address	(City		Zip
Mother/ Legal Guardian's Name		(Occupation	
Cell Phone	Email			
Father/ Legal Guardian's Name		C	occupation	
Cell Phone	Email			
In case of emergency, please list a contact person:				
Name & Relationship		Phone_		
Name & Relationship		Phone _		
Session I: August 19-23	Session II:	Augus	t 26-30	
Camp Fees C	heck #		Date	
Fee is due at the time of regis	tration for the su	mmer	ballet camp.	
The Undersigned parent/student indemnifies and holds Harmless Acting damages or injuries, and from any all claims and demands, inclustamps, and performances provided by Academy of Russian Classicality for classes missed. I understand Academy of Russian Classicality time and it is my responsibility to come into the office to stay curbave read the above and understand the terms and conditions of this give my permission for my child to be photographed/videotaped art for publicity and fundraising purposes.	nding attorney fees, arising all Ballet. I understand that I Ballet has the right to courrent on all tuition paymers registration form.	g out of that all payment all payment all payment ange scholents, infor	ne party's participa nents are not-refur edules, instructors mation and posted	dable. No refunds are policies and/or rates at changes.
Signature of Parent/Guardian	Name Printed			Date