

the **UnAbashed** schoolofdance

12 Carlisle St.
P.O. Box 1132
Hanover, Pa. 17331
www.danceunabashed.org
443 – 398 – 1015

UnAbashed Kids Summer Camp Registration Form

July 6th – July 10th 2009

Registration Forms and Fees Due By July 1st

Student Name: _____ Age: _____ D.O.B _____

Parent/Guardian Name: _____

Address: _____

Phone:(H) _____ (C): _____ (W): _____

Email: _____

How did you discover **UnAbashed**? _____

Prior Dance Training: _____

Please check one:

_____	ages 3 ½ - 5	Baby Bops Ballet	9:30- 10:30	\$35.00
_____	ages 6 – 8	Ballet + Jazz	10:30- 12:00	\$50.00
_____	ages 9 – 12	Ballet + Modern	12:00- 2:00	\$65.00

_____ I would like to bring a new student to UnAbashed Kids Summer Camp for half price!!

My friend's name is:

Terms of Enrollment

- Registration and Fees Due By July 1st
- UB reserves the right to establish and change level placement of student at any time.
- Classes are subject to change based on enrollment.
- If for any reason student withdrawals from classes, tuition is non-refundable.
- Returned checks are subject to \$35 charge.

Liability Release

I, the undersigned, give my consent to participate in programs at *theUnAbashedschoolofdance* (therein collectively called **UNABASHED, INC.**), and on behalf of my child or on my own behalf I assume all risk associated with such activity. I understand that I am responsible for all payments agreed upon with **UNABASHED, INC.**. I am fully aware that all registration fees and tuition are non-refundable and that I am registering for the whole outlined season. I hereby release and waive all claims of damage or liability against **UNABASHED, INC.** its officers, directors, employees, faculty, building owners, and agents, including all liability for personal injury, illness or property damage occurring on or off **UNABASHED, INC.** premises. I also give **UNABASHED, INC.** permission to use photographs of my child or myself for publicity purposes. Furthermore, I understand that dance instruction involves physical contact to the student by the instructor and hence waive all claims of inappropriate conduct. I understand and agree to the above Terms of Enrollment.

Name of Dancer: _____

Name of Parents/Guardians _____

Signature: _____ Date _____
(Parent/Guardian if under 18 years of age)

Medical Release

List any medical conditions, allergies, or notes we should know about student registering:

Family Physician _____ Phone: _____

Emergency Contact (other than already listed): _____
Relationship to student: _____ Phone: _____

Emergency Contact #2: _____
Relationship to student: _____ Phone: _____

I certify that the applicant is in good health and may participate in activities at **UnAbashed, Inc.**. In case of an emergency requiring medical treatment, the undersigned hereby authorizes **UnAbashed, Inc.** to take the student to any medical or hospital facility for care and treatment. The undersigned agrees to accept payment responsibility for any subsequent treatment.

Name of Student: _____
Name of Parents/Guardian: _____

Signature: _____ Date: _____
(Parent/Guardian if under 18 years of age)

