

**SUMMER Dance/Tumble Camp REGISTRATION FORM  
2010**

PARTICIPANT INFORMATION				
PARTICIPANT'S NAME		DATE OF BIRTH	DATE OF REGISTRATION	
ADDRESS STREET	APT. #	CITY	STATE	ZIP
HOME PHONE	CELL PHONE		E-MAIL ADDRESS	
SCHOOL	GRADE	(STAFF ONLY) DATE FORM RECEIVED		
PARENT/GUARDIAN INFORMATION				
MOTHER'S FULL NAME		HOME PHONE	CELL PHONE	
ADDRESS STREET	APT. #	CITY	STATE	ZIP
PLACE OF EMPLOYMENT	EMPLOYMENT ADDRESS		WORK PHONE	
E-MAIL ADDRESS		CIRCLE ONE: MARRIED    DIVORCED    SINGLE    GUARDIAN		
FATHER'S FULL NAME		HOME PHONE	CELL PHONE	
ADDRESS STREET	APT. #	CITY	STATE	ZIP
PLACE OF EMPLOYMENT	EMPLOYMENT ADDRESS		WORK PHONE	
E-MAIL ADDRESS		CIRCLE ONE: MARRIED    DIVORCED    SINGLE    GUARDIAN		
IF PARENT/GUARDIAN CANNOT BE REACHED PLEASE CONTACT:		PHONE NUMBER	RELATIONSHIP TO PARTICIPANT:	
INSURANCE INFORMATION				
INSURANCE CARRIER		GROUP #	POLICY #	
INSURANCE PHONE NUMBER	INSURANCE COMPANY ADDRESS			
WHO CARRIES INSURANCE ON PARTICIPANT:		IN CASE OF EMERGENCY, WHICH HOSPITAL WOULD YOU PREFER:		
PLEASE LIST ANY ALLERGIES, PHYSICAL CONDITION, DEFECTS, OR MEDICAL CONDITIONS THAT WOULD LIMIT PARTICIPANT FROM PARTICIPATING:				
MEDICAL/WAIVER/RELEASE OF RESPONSIBILITY				
<p>I ACKNOWLEDGE, UNDERSTAND, AND ASSUME ALL RISKS INVOLVED IN ANY ACTIVITIES ON THE PREMISES OF STUDIO 5678, LLC , INCLUDING BUT NOT LIMITED TO DANCE/CHEERLEADING/TUMBLING/MUSIC CLASSES. I FURTHER AGREE TO HOLD HARMLESS STUDIO 5678, LLC, THE OWNERS (JULIE ASPESLET-POZAR &amp; MICHAEL POZAR) OR STAFF TEACHERS, FROM ANY AND ALL CLAIMS, SUITS, LOSSES, OR DAMAGES OF ANY NATURE WHAT SO EVER, INCLUDING BUT NOT LIMITED TO, SUCH CLAIMS THAT MAY RESULT FROM MY CHILD'S INJURY OR DEATH, WHETHER IT BE ACCIDENTAL AS A RESULT OF NEGLIGENCE OR OTHERWISE, DURING OR ARISING IN ANY WAY FROM THE DANCE/CHEERLEADING/TUMBLING PROGRAMS. I HEREBY GRANT PERMISSION TO LICENSED HOSPITAL AND/OR STAFF MEMBERS TO ADMINISTER IMMEDIATE MEDICAL TREATMENT AS DEEMED NECESSARY TO MY CHILD SHOULD HE/SHE BE INJURED DURING ANY EVENT HE/SHE LEFT IN THE CARE OF STUDIO 5678, LLC STAFF. FURTHER, I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF EXPENSES INCURRED RELATING TO MY CHILD'S MEDICAL TREATMENT.</p>				
PARENT/GUARDIAN SIGNATURE			DATE	

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<b>ATTENTION! THIS SECTION MUST BE FILL OUT BY STAFF MEMBERS ONLY.</b>	
<b>SUMMER DANCE/TUMBLE CAMP ENROLLMENT (PLEASE CHECK SESSION STUDENT IS REGISTERING FOR:</b>	
<b>DANCE CAMPS</b>	
<input type="checkbox"/> June 21-25 (Beg/Int Level) Ages 7-13	
<input type="checkbox"/> July 26-30 (Int/Adv Level) Ages 7-13	
<input type="checkbox"/> August 9-13 (Advanced Level) Ages 7-18	
<b>TUMBLE CAMPS</b>	
<input type="checkbox"/> June 28-July 2 (Beg/Int Level) Ages 6-10	
<input type="checkbox"/> July 19-23 (Int/Adv Level) Ages 8-18	
<b>WEEKLY TUITION FOR SUMMER DANCE OR TUMBLE CAMP</b>	
\$75 A WEEK FOR : Summer Dance or Tumble Camp	
<b>REGISTRATION FEE: One time registration fee of \$10 due upon registration. \$10 REG FEE _____</b>	
<b>DISCOUNTS (CHECK IF APPLIES TO PARTICIPANT)</b>	
<input type="checkbox"/> FAMILY RATE (3 OR MORE FAMILY MEMBERS ENROLLED)	<input type="checkbox"/> *15% DISCOUNT _____
<b>TOTAL WEEKLY TUITION</b>	
\$ _____	
<b>PAYMENT PROCEDURE</b>	
PARTICIPANT AND/OR PARENT ACKNOWLEDGE THE FINANCIAL OBLIGATIONS, POLICIES AND PROCEDURES OF STUDIO 5678, LLC. ALL CHECKS ARE TO BE MADE OUT TO; <b>STUDIO 5-6-7-8</b> , IN THE AMOUNT INDICATED ABOVE. TUITION IS DUE BY THE FIRST DANCE CLASS OF EACH MONTH. IF PAYMENT IS NOT PAID BY THE 10th OF EACH MONTH, A \$10 LATE FEE WILL BE ASSESSED TO THE PARTICIPANT'S ACCOUNT. IF THE ACCOUNT IS NOT PAID IN FULL WITHIN 30 DAYS, THE STUDENT WILL BE WITHDRAWN AND FINANCIAL OBLIGATION WILL BE PAID IN FULL BEFORE THE STUDENT IS ALLOWED TO RETURN.	
PARENT/GUARDIAN SIGNATURE: (I AGREE TO THIS OBLIGATION OF PAYMENT)	DATE:
<b>BEHAVIOR, CONDUCT AND POLICIES</b>	
ONCE PARTICIPANT IS ENROLLED, YOU WILL RECEIVE A FOLDER WITH IMPORTANT INFORMATION REGARDING BEHAVIOR, CONDUCT AND INSTRUCTOR POLICIES FOR CLASS. PLEASE READ THIS INFORMATION WITH THE STUDENT AND GO OVER ALL THE POLICIES FOR STUDIO 5678, LLC.	