

2017 NDCA Summer Camp Registration Form

STUDENT _____ DATE OF BIRTH _____

PARENTS/GUARDIANS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

HOME TELEPHONE: MOTHER _____ FATHER _____

BUS./CELL PHONE: MOTHER _____ FATHER _____

SCHOOL _____ GRADE _____ HOW HEARD ABOUT US _____

MEDICAL/LEGAL _____

PERSON TO CONTACT IF PARENT/GUARDIAN IS UNAVAILABLE IN THE EVENT OF EMERGENCY

NAME _____ RELATION _____ PHONE _____

I understand that there is risk of injury while participating in physical activity. I grant permission to the staff of Newport Dance and Cheer Academy, Inc. (NDCA, Inc.) to take first aid or emergency measures as judged necessary for the care and protection of myself/my child while under the supervision of the school. In case of medical emergency, I understand that I/my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary. I understand that in some medical situations the staff will need to contact the emergency resource before the child's parent, physician, and or other person acting on the parent's/my behalf. I also understand and agree that I/the child's parents or legal guardians shall be responsible for any expenses incurred. As the participant or parent/legal guardian of _____, I agree to hold harmless from any and all liability NDCA, Inc., its officers, employees, & teachers both in their professional capacity and personally for all injury or illness resulting from or in any way connected with his/her participation in the classes, activities or special events at/affiliated with the school. I understand that it is the NDCA's policy that while under the supervision of the school no child is allowed to leave the building without a parent/legal guardian or the written permission of a parent/legal guardian and that the parent/legal guardian assumes full responsibility for the actions and behavior of the child. Parents/legal guardians give their permission to the school to use photos and or video of their child without remuneration in connection with school publications, advertising, TV and news coverage. Registration is for the full September to June dance season. All payments are nonrefundable.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PLEASE CHECK THE CAMP/S or CLASS/ES YOU WISH TO ATTEND:

June 12-15 Dance 4 Jesus Camp \$115 Martial Arts, 1 Class/Wk \$35

June 19-22 Pirates & Pixies Camp \$54 Mommy & Me, 6 wk class \$40

June 26-29 Under the Sea Dance Camp \$115

Pre-Gymnastics, 6 week class \$50 Martial Arts, 2 Classes/Wk \$40

Beginner Gymnastics, 6 week class \$60

Intermediate Gymnastics, 6 week class \$60

Advanced Gymnastics, 6 week class \$60 Fit Kidz, 6 week class \$60

July 10-12, To the Hip Hop & You Don't Stop \$48

I am interested in ballet, jazz, tap, lyrical, or modern classes in July.
(Date & Times TBA in May)

I am interested in private lessons this summer.

Registration Fee (includes camp shirt)	\$15.00
Camp/s Price	\$ _____
Dancewear/Other _____	\$ _____
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TOTAL DUE	\$ _____
AMOUNT PAID	\$ _____
DATE RECEIVED	_____
Student's Shirt Size	_____
CASH CREDIT/DEBIT CHECK #	