



Student Registration Form
Creative Movement Camp - Summer 2008

Child's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_
Parent or Adult Responsible for Account \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ Zip \_\_\_\_\_
Home phone number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_-\_\_\_\_
E-mail Address \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Please indicate week(s) your child will attend the Creative Movement Camp:
June: [ ] June 16 - 20 [ ] June 23 - 27
July: [ ] July 7 - 11 [ ] July 14 - 18 [ ] July 21 - 25
Please indicate desired days:
[ ] Monday - Friday (9:15 - 10:00 am) \$60/week x \_\_\_ weeks = \$ \_\_\_
[ ] 2 days/week (circle two days) M / T / W / Th / F \$25/week x \_\_\_ weeks = \$ \_\_\_
[ ] One day (circle one day) M / T / W / Th / F \$15/week x \_\_\_ weeks = \$ \_\_\_
Non-refundable Registration Fee (new students only): \$30
Early bird discount (if registering before March 15th): - \$10
Total: \$ \_\_\_

Payments must accompany this form to ensure your child's space is held. All checks are to be made out to Jansen Dance Project.
Registration fees and tuition are non-refundable.

Release from Liability:

I understand that with any athletic and physical training similar to what occurs in dance education, there is a risk of physical injury. I do hereby release Jansen Dance Project (JDP) and any of its staff from any liability, which may occur on or around its premises or at any function sponsored by JDP that may occur off its premises. I have taken steps to obtain health insurance which will cover any sustained injury. In the event of an emergency, I give JDP and its staff the right to obtain medical services for the signatures below. I also understand that fully receiving good dance training may involve adjustment of the dancer's body by the teacher.

Publicity Release:

I authorize JDP to use my student's name and/or picture in other materials and media for publicity, advertising, and marketing purposes.

I acknowledge all classes are subject to cancellation if there are less than 5 students enrolled in the class. I understand the make-up class policy. I agree to abide by JDP's tuition policies.

I have read, understood, and agreed to the Liability Release and the Publicity Release stated above.

Person Responsible for Account Payment: \_\_\_\_\_ Signature
Date: \_\_\_\_\_