

Disney Summer Dance Camps



Student Name _____

Student Age _____ DOB _____

Street Address (City and Zip) _____

Student Phone (_____) _____ - _____

Parent/Guardian Name _____

Parent/Guardian Phone (The BEST way to reach you) (_____) _____ - _____

EMAIL (Please print clearly) _____

- “Frozen Camp” (Week 1, June 13-June 16)**
- “Sofia The First Camp” (Week 2, June 20-June 23)**
- “Disney Princess Camp” ... (Week 3, June 28-July 1)**
- “Frozen Camp” (Week 4, July 5-July 8)**

Total _____

TIMES: From 10:00 am – 2:15 pm

**Includes Ballet, Hip Hop, Tumbling, Musical Theatre &
Lunch with Disney Characters!**

COSTS: \$65.00/week OR \$20.00/day OR \$250.00/all 4 weeks

* If your child decides to enroll in our regular summer dance classes or in our classes this fall,
we will waive the \$25.00 Registration Fee!

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Medical Release Form

I, _____ (parent/guardian's name), hereby give permission for any and all medical attention to be administered to my child, _____ (child's/children's name(s)), in the event of an accident, injury, sickness, etc., under the direction of the physician(s) listed below or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

This release is effective at least to the end of the dance season following the current season, but for not less than a period of one year from the date given below.

Child's Physician: _____

Physician's Phone: (_____) _____ - _____

Known Allergies & Existing Medical Conditions: _____

Emergency Contact Phone Numbers (Please include area code): _____

Parent/Guardian Signature: _____

Date Signed: _____