



## Summer Camp Registration

### PARENT/GUARDIAN:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (will be used as primary email contact): \_\_\_\_\_

Cell Phone (will be used as primary phone contact): (     ) \_\_\_\_\_

Other Phone: (     ) \_\_\_\_\_

### STUDENT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Preferred First Name (for roster): \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

**Camp Choice(s):**  Creative Movement  Prince&Princess Dance Camp  Fairy Ballet Camp  
 Dance Combo 1  Dance Combo 2

Tuition: \$ \_\_\_\_\_

### 2 STUDENT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Preferred First Name (for roster): \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

**Camp Choice(s):**  Creative Movement  Prince&Princess Dance Camp  Fairy Ballet Camp  
 Dance Combo 1  Dance Combo 2

Tuition: \$ \_\_\_\_\_

**Total Amount Due: \$** \_\_\_\_\_     **Payment:** Cash  Check  chk# \_\_\_\_\_ CC

*We will hold a place for you when we receive this form and tuition.*

Please make your check payable to:  
Jill Litzenberger

For Credit Card payments please call:  
831-222-0082

**Medical/Photo Release**

If you or your student is involved in Tiny Dancer Ballet School classes or productions, you are hereby advised that our organization does not carry Workmen's Compensation insurance for participants or volunteers. If you or your child should suffer an injury while participating in our classes or performances, you will be personally responsible for your medical or injury related expenses. I hereby give permission for my child/ren and myself to participate in classes and performances with Tiny Dancer Ballet School. I also give permission to the designated adult supervisor in charge to secure emergency medical treatment for the minor or person(s) named above. I also agree to hold Tiny Dancer Ballet School and/or their assignees, harmless in the event of any injury or accident. I hereby authorize and consent that Tiny Dancer Ballet School shall have the absolute right to copyright, publish, use, sell, or assign any and all photographs, portraits or pictures, television spots, movie films, videotaped and/or sound recordings, or any part thereof, that have been taken of my child/myself, or which my child/myself may be included in whole or in part.

**Initial \_\_\_\_\_ (accept terms)**

**Parent or guardian signature if participant is not 18 or older:**

\_\_\_\_\_ Date: \_\_\_\_\_