

Sarah's Studio of Dance

14500 Parallel Pkwy Basehor, KS 66007

(913) 724-2210

SUMMER CAMP ENROLLMENT 2013

Student's Name: _____ Birthdate: ___/___/___

Grade: _____ School attending Fall 2013: _____

If new student, previous years of dance: _____

Referred by: _____

Parent/Guardian Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Emergency #: _____

Classes enrolling in:

Camp #1, 2, or 3	Name of Class, Day, & Time	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subtotal: _____

*Less Discount (if applicable): _____

Total enclosed: _____

*Discount: You may deduct 10% from Subtotal if enrolling in Camp 1, 2, and 3!

Payment Options:

____ Cash or Check

____ Mastercard/Visa/Discover

Name on card: _____

Credit card #: _____ - _____ - _____

Expiration Date: ____/____ Zip code: _____

3 digit security code: _____

I hereby authorize the instructors and staff of Sarah's Studio of Dance to act for me in their best judgment in any emergency situation requiring medical attention, and hereby waive and release instructors and personnel of Sarah's Studio of Dance from any and all liability for any injuries, illnesses or loss of property incurred while attending Sarah's Studio of Dance. I do grant Sarah's Studio of Dance the right to photograph and/or video the person/student enrolled to use such images in any manner consistent with the promotion of Sarah's Studio of Dance. Such use is to include, but is not limited to: publication, display, advertising, web use, broadcast, etc.

Date: _____ Signed (Parent or Guardian): _____