

Miss Pat's School of Dance

Student Information

Name: _____ Date of Birth (MM/DD/YYYY): _____

Mailing Address, City, Zip _____

Primary Phone: _____ Secondary: _____

Name of Parent/Guardian: _____

E-mail: _____

Emergency Contact Name: _____ Phone: _____

Summer Camps:

- ___ June 21st-25th 9:30-11:30 am Dance and Gym Camp (5-7 year olds)
- ___ June 21st -25th 5:30-7:30 pm Dance and Gym Camp (8 years old and up)
- ___ July 19th – 23rd 9:30 -11:30 am Dance and Gym Camp (5-7 year olds)
- ___ July 19th – 23rd 5:30-7:30 pm Dance and Gym Camp (8 years old and up)
- ___ July 12th-16th 9:30-11:30am DANCE TECHNIQUE CAMP (8 years old and up)

Legal Release, Policy Acceptance and Waiver of Liability (please initial)

___ I/we understand my billing obligations and payment policies.

___ I/we give media use permission and understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

___ I/we have read the Miss Pat's School of Dance studio handbook.

___ I hereby release, indemnify and hold harmless Pat's School of Dance its owners, advisors and all employees and agents of these parties from all liabilities, suits, claims and/or demands of any kind or nature, legal, financial, whether caused in any way by the negligence or not arising from the participation in or observation of any Miss Pat's School of Dance activity for injuries to any person or property, whether on or off the premises. The student/participant named above does voluntarily participate in any Miss Pat's School of Dance activities and the student/participant and I understand that certain risks are inherent to and from participation and involvement with Miss Pats School of Dance and its various formal and informal activities.

Summer Camp Cost:

\$165

*Students will not be added to summer camp roster until the fee has been paid.

Check (Check number: _____) Cash Venmo. Cashapp

(Office use) Received by: _____

Signature of Responsible Party

Date

Please return this form to the studio or mail to 7160 Riverwood St., Germantown, TN 38138.