



# Summer Classes/Camp Registration Form

**Applicant's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Is this your first time at Joy of Dance? Y N      If yes, what *ballet* grade are you enrolled in @ JOD: \_\_\_\_\_

**Summer Camp/Classes You're Registering For:**

\_\_\_\_\_

**Primary Household Information:**

Parent/Guardian: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Student lives with: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mailing/Billing Address: \_\_\_\_\_

**Mail in or drop off at Joy of Dance School of the Arts:** 19300 NE 112th Ave. Battle Ground, WA 98604

**Please include the following:**

1.) Payment for summer camp. 2.) Registration for summer camp. \*Please make all checks payable to The Joy of Dance School of the Arts.

**Medical Release Information: (Mandatory information, please fill out)**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_ Name of Policy Holder/Insured \_\_\_\_\_

*I hereby give my permission to The Joy of Dance School personnel to authorize any minor emergency medical treatment that may be required by the above named participant during their summer camp dates. I understand that I am responsible for any and all charges as a result of such care and medical treatment. I release Joy of Dance, the facilities they may utilize, the faculty, their agents and staff from any and all liabilities while involved in any and all activities.*

Applicant name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_