

**SUMMER ARTS CAMP in November 27, 2019
Registration Form**

FOR OFFICE USE ONLY:

Date Rcvd: _____

Confirmation Sent: _____

Missing Info: _____

NOTE: THIS REGISTRATION FORM IS IN TWO PAGES. PLEASE COMPLETE BOTH PAGES!

Section 1: SELECT A CAMP

Primary Camp (grades Pre-2)

Junior Camp (grades 3-6)

New to SAC? Yes No If so, how did you hear about SAC?

Newspaper Web Search Friend Postcard/Flyer Social Network Other: _____

If you were referred by a friend, please tell us who. We reward our loyal friends: _____

Section 2: CAMPER INFORMATION

Last Name: _____ First Name: _____

Date of Birth: ____/____/____ Grade as of Fall '20: ____ What school do you attend? _____

Address: _____ Gender: Male Female

City: _____ State: _____ Zip: _____ Home Phone #: (____) _____

Section 3: PARENT/GUARDIAN CONTACT INFORMATION

Mother's Name: _____ Father's Name: _____

Address (if different than camper's): _____

Mother's E-mail: _____ Father's Email: _____

Note: We communicate primarily through email and our website. Please include email addresses.

Mother's Phone #: (____) _____ Father's Phone #: (____) _____

Section 4: ALTERNATE EMERGENCY CONTACT

Name: _____ Relationship to Student: _____

Daytime Phone #: (____) _____ Cell Phone #: (____) _____

Section 5: HEALTH INFORMATION

A. Please list any allergies, medical conditions, behavioral conditions, or emotional conditions: _____

- B. Please list any medication this student is taking currently, including dosage information if she/he will need to take this medicine during the camp. (Please update if any changes occur before camp begins) _____

- C. Is the child able to administer the medication without guidance? YES NO
 If no, please drop off medication with camp Director to be held in camp office. Please list medication and time to be administered: _____

Section 6: TOTAL PAYMENT ENCLOSED

Check which amount is due: Primary (8am-12 pm) \$40 Junior Camp (8 am-4 pm) \$65

Method of Payment: **Total Payment Enclosed:** \$ _____

Check # _____ Credit Card Paypal on Website

Call the office if you are interested in setting up automatic recurring payments between now and the start of camp.

Type of Credit card: Visa Mastercard Discover American Express

Credit Card No: _____ - _____ - _____

Exp. Date: ____/____/____ CW2 COD _____ Zip Code of Billing Address _____

Name as it appears on the card: _____

Signature _____ Date: _____

**MAKE CHECKS PAYABLE TO "SAC" AND SEND FORM TO:
 Danse Élan – SUMMER ARTS CAMP, P.O. BOX 511, IRON STATION, NC 28080**

Section 11: SAC POLICIES AGREEMENT

RELEASE/WAIVER: I hereby agree to indemnify and hold harmless Danse Élan and Summer Arts Camp and its employees from and against any and all claims for personal injuries or damages of any kind arising from participation in Danse Élan's Summer Arts Camp program. Further, I authorize Danse Élan's Summer Arts Camps staff and faculty to seek emergency medical help if it becomes necessary. I realize that every effort will be made by Danse Élan's Summer Arts Camp staff to contact me in the event of a medical emergency involving my child and I agree to indemnify and hold harmless Danse Élan's Summer Arts Camps personnel in seeking care for my child.

REFUND POLICY: In the event that a student must withdraw from camp, Summer Arts Camp will refund 75% of tuition or 100% credit toward next year's camp up until 30 days prior to camp. Thereafter a 50% refund of tuition or 75% credit toward next year's camp will be given up until the first day of camp. No refund or credits will be given after the first day of camp. Registration fees and any applicable art fees are non-refundable. There are no exceptions to this policy. Summer Arts Camp cannot provide make-up camps, refunds or credits for camp days missed by students due to illness, personal schedule conflicts or other reasons.

PHOTO CONSENT: By your signature, you agree that Danse Élan's Summer Arts Camps may use the above named student's photograph/video in the routine promotion of its classes and activities and for other non-commercial applicants.

STUDENT SIGNATURE (if over 18) _____

PARENT SIGNATURE REQUIRED _____

DATE _____

Questions? Contact: SAC Director: (980) 247-0475