Come join us for summer fun, fitness, and friends!

**West Roxbury School Of Dance**

**Summer Camp- July and August 2017, 5 weeks**

**Registration and Release Form**

1. Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_
2. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town: Zip Code: \_\_\_\_\_\_\_\_\_\_
3. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Cell Phone Number:
5. Email:
6. Weeks selected:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount paid at registration: $\_\_\_\_\_\_\_\_

The camp will run on the following weeks, Monday through Friday. Choose one, two, three, four, or come for all five!

Week 1: July 10-14, 2017

Week 2: July 17-21, 2017

Week 3: July 24-28, 2017

Week 4: July 31-August 4, 2017

Week 5: August 14-18, 2017

For children ages 5-7, ballet, tap, and a theme activity will be offered from 9 AM-12 PM for all five weeks.

For children ages 8-10, we will be rotating subjects consisting of ballet, tap, jazz, and hip hop each week from 1 PM-4 PM for all five weeks.

The cost for each camp is $225 per week. If you register for all 5 weeks offered, you will receive a 10% discount.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Massachusetts, individually and as parents of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

a minor under the age of eighteen (18) years, in consideration for the opportunity afforded to my child at “West Roxbury School of Dance,” offered at Corey St. in West Roxbury, Massachusetts 02132, hereby agree and consent to release and forever acquit Emily Kingsbury, Dance Instructor, dba as West Roxbury School of Dance, from any and all claims or liability for damages for any occurrence in connection with the dance and exercise classes, which may result in injury or other damages sustained by my child while participating in classes or otherwise at “West Roxbury School of Dance.” In further consideration of the opportunity afforded to my child to participate in this instruction, I hereby personally assume all risks in connection with the said course. I have fully informed myself of the contents of this registration form and release by reading it before I sign it. My child is physically fit to participate in this course and I am not aware of any injuries or illness, which would limit such participation.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_, 2017.

Please list any Medical problems your child may have:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail payment to: Make checks payable to:

**Emily Kingsbury West Roxbury School of Dance or WRSD**

**1941 Washington St.**

**Canton, Ma. 02021**