

**West Roxbury School Of Dance**  
**Summer Dance Camp— July 2020**  
**Registration and Release Form**  
*Come join us this summer for a week of fun!*

- Student Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Cell Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_
- Week(s) selected (1-4): \_\_\_\_\_ Amount paid at registration: \$ \_\_\_\_\_
- Circle one: **Full Day** (9 AM-3 PM) or **Half Day** (9 AM-12 PM)

*Students have the option of coming to camp for the full day or for a half day.*

The cost of camp for the full day is \$400 per week, and the half day costs \$250 per week.

**Ages 4-6:** July 6-10 (WEEK 1) AND/OR July 20-24 2020 (WEEK 3)

(full day: ballet, tap, and creative movement— half day: ballet and tap)

**Ages 7-10:** July 13-17 (WEEK 2) AND/OR July 27-31 2020 (WEEK 4)

(full day: ballet, tap, jazz and hip hop— half day: ballet and tap)

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, and 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: \_\_\_\_\_, 2020.

Please list any medical problems your child may have:

\_\_\_\_\_

Please mail payment to:

**Emily Kingsbury**  
**1941 Washington St.**  
**Canton, Ma. 02021**

Make checks payable to:

**West Roxbury School of Dance or WRSD**