

Kinetic Arts Dance Studio: 2010 SUMMER Registration Form & Liability Waiver
303-674-9806 www.kineticartsdance.com

PERSONAL INFORMATION – (one student per form please)

Student's Name: _____ Date of Birth: _____
Parent/Guardian: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Emergency contact (other than self): _____ Phone: _____
E-mail Address: _____

*All regular studio communications will be via e-mail unless a paper copy is requested. If you wish to receive a paper copy of studio announcements please place a check mark **here** _____.*

How did you hear about Kinetic Arts? _____

CLASS SELECTION

| | | |
|-------------|-----------|------------|
| Class _____ | Day _____ | Time _____ |
| Class _____ | Day _____ | Time _____ |
| Class _____ | Day _____ | Time _____ |
| Class _____ | Day _____ | Time _____ |
| Class _____ | Day _____ | Time _____ |
| Class _____ | Day _____ | Time _____ |

CLASS TUITION & FEES

Class Tuition (8-week summer session: June 14-Aug. 6):

\$80 / 45-minute weekly class

\$96 / 60-minute weekly class

\$120 / 90-minute weekly class

10% discount for multiple classes or multiple siblings registered

TOTAL CLASS TUITION: _____
Multiple class and/or sibling discount (10%) (_____)

SUBTOTAL: _____

CAMP SELECTION

Shining Stars Camp: Early Bird (by May 15): \$115, Regular Rate: \$130

Spotlight Camp: Early Bird (by May 15): \$130, Regular Rate: \$150

Advanced Intensive: Early Bird (by May 15): \$130, Regular Rate: \$150

Ballet Intensive: Early Bird (by May 15): \$115, Regular Rate: \$130

| | | |
|------------------|--------------|-------------|
| Camp Name: _____ | Dates: _____ | Cost: _____ |
| Camp Name: _____ | Dates: _____ | Cost: _____ |
| Camp Name: _____ | Dates: _____ | Cost: _____ |

TOTAL CAMP FEES: _____

PAYMENT

PLEASE SELECT ONE OPTION

_____ CHECK/CASH (DUE WITH REGISTRATION FORM)

_____ VISA/MASTERCARD

I hereby authorize Kinetic Arts Dance Studio to charge my ___ Visa or ___ MasterCard \$ _____

Name on card _____

CC# _____

Expiration date _____

Signature: _____

Assumption of Risk/Liability Release: I grant permission to the staff of the dance school to take first aide or emergency measures as judged necessary for the care and protection of my child while under the supervision of the school. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary. I understand that in some medical situations the staff will need to contact the emergency resource before the child's parent, physician, or other person acting on the parent's behalf. I also understand and agree that the child's parents or legal guardians shall be responsible for any expenses incurred. As the parent and legal guardian of _____, I agree to hold harmless from any and all liability the school, its officers, employees, both in their professional capacity and personally from all injury or illness resulting from, or in any way connected with his/her participation in the classes, activities, or special events at the school. I understand that it is the school's policy that while under the supervision of the school no child is allowed to leave the building without a parent/legal guardian or the written permission of the parent/legal guardian and that the parent/legal guardian assumes full responsibility for the actions and behaviors of the child. Parents/legal guardians give their permission to the school to use photos and or video of their child without remuneration in connection with school publications, advertising, tv and news coverage

Insurance Company: _____

Policy Number: _____

Parent/Guardian Signature:

Date: _____

Please drop all registrations at the studio OR MAIL completed registration forms to:

Kinetic Arts Dance Studio
28572 Shadow Mountain
Conifer, CO 80433