

# Wilton Dance Studio, Inc.

## Summer/DANCECamp



**Please Mail/Fax With Payment To:**  
 Wilton Dance Studio, Inc.  
 P.O. Box 427 Wilton, CT 06897-0427  
 Fax: 203.544.8820

**Registration Form 2011**  
 Please print & fill out one form per student

Dancer's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

e-mail address: \_\_\_\_\_

Phone Numbers: Mother: Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Father: Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

How did you learn about WDS? Ad \_\_\_\_ Web \_\_\_\_ Friend \_\_\_\_ Mailer \_\_\_\_ Other \_\_\_\_\_

DAY	TIME	PRINCESS DANCE CAMP ages 3 - 5 years	TUITION
M - F	9:30 - 12:00	June 27 - July 1	\$ 200.00
M - F	9:30 - 12:00	July 11 - July 15	\$ 200.00
M - F	9:30 - 12:00	July 18 - July 22	\$ 200.00
M - F	9:30 - 12:00	July 25 - July 29	\$ 200.00
M - F	9:30 - 12:00	Aug. 1 - Aug. 5	\$ 200.00

DAY	TIME	DANCE CAMP ages 6 - 10 years	TUITION
M - F	12:30 - 3:30	July 11 - July 15      Lights Camera Action I	\$ 250.00
M - F	12:30 - 3:30	July 18 - July 22      Circus Parade	\$ 250.00
M - F	12:30 - 3:30	July 25 - July 29      Lights Camera Action II	\$ 250.00
M - F	12:30 - 3:30	Aug 1 - Aug5              Broadway Bound	\$ 250.00

DAY	TIME	SUMMER DANCE CLASSES - Ballet III - VI	TUITION
M, TU & TH	6:00 - 8:00	Open level combined class - 6.0 hours per week	\$ 75.00 per wk
		7/11 - 7/14    7/18 - 7/21    7/25 - 7/28    8/1 - 8/4	
		Circle which weeks you will attend	

	<b>TOTAL DUE</b> \$ _____
	<b>PAYMENT ENCLOSED</b> \$ _____
	<b>BALANCE DUE</b> \$ _____

VISA   MC   DISC   AMEX   EXP. \_\_\_\_/\_\_\_\_

Payment Method     Check     CC

  X   \_\_\_\_\_  
 CARDHOLDER SIGNATURE



In signing I hereby acknowledge and accept the   X    
 Wilton Dance Studio, Inc. Policies and Procedures    PARENT/GUARDIAN SIGNATURE

# Wilton Dance Studio, Inc.

## Emergency Contact/Medical Release

Summer 2011

Please print & fill out one form per student



**Please Mail/Fax To:**

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P.O. Box 427 Wilton, CT 06897-0427  
Fax: 203.544.8820

Dancer's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

e-mail address: \_\_\_\_\_

Phone Numbers: Mother: Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Father: Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

## Emergency Contacts:

Please give the name and contact numbers for two people who may be contacted in case of emergency or illness. These people should live in the general vicinity of Wilton Dance Studio, Inc.

1. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### WAIVER OF LIABILITY

The undersigned hereby: (I) acknowledges that dancing is an activity which involves certain risks, (II) assumes the risks of my or my child's participating in Wilton Dance Studio's classes, (III) hereby irrevocably releases Wilton Dance Studio, Inc., its employees, agents, officers, directors, and/or successors from any and all liability of any type or nature arising out of my or my child's participation in its classes or similar activities, and (IV) photos and videos taken of my child/children may be used for the purpose of advertising Wilton Dance Studio, Inc. I declare to the best of my knowledge and belief that I/my children are in sufficient good health to participate in these programs.

Are there any medical or social issues the staff should be aware of? \_\_\_\_\_

In signing I hereby acknowledge and accept the Wilton Dance Studio, Inc. Policies and Procedures.

PARENT/GUARDIAN SIGNATURE

DATE:

PARENT/GUARDIAN SIGNATURE

DATE: