

Summer 2010 Registration Form

Student's Name _____

Parents' Name _____

Address _____ City/Zip _____

Tel. Home _____ Work _____ Cell _____

Email Address _____

Summer Programs

Dance Camps	Tuition	w/ Early Disc	Deposit
<input type="checkbox"/> Dance Camp #1 June 21-25 1-3pm	\$100	\$90	\$25
<input type="checkbox"/> Dance Camp #2 June 28-July 2 10am-12pm	\$100	\$90	\$25
<input type="checkbox"/> Dance Camp #3 July 26-30 10-12pm	\$100	\$90	\$25
<input type="checkbox"/> Dance Camp #4 Aug 2-6 10-12pm	\$100	\$90	\$25
<input type="checkbox"/> 4 Week Ballet Session for 7 to 9 Yrs June 5th to July 30th Tuesdays & Thursdays 9-11am	\$160	\$144	\$40
4 Week Ballet Session for 9-12 Yrs <input type="checkbox"/> July 5th to July 30th Mon/Wed/Fri 9-11am	\$225	\$202	\$56
Beginning Ballet Session for 9 to 14 Yrs. <input type="checkbox"/> July 10th to July 30th Saturdays 10-11am	\$40	N/A	
Summer Intensive July 5th to July 24th <input type="checkbox"/> Level 1 for beginning or pre-pointe <input type="checkbox"/> Level 2 for 12 yrs and older	\$425 \$500	\$382 \$450	\$106 \$125
Open Classes Int/Adv <input type="checkbox"/> 5 classes <input type="checkbox"/> 10 classes <input type="checkbox"/> 15 classes <input type="checkbox"/> 20 classes <input type="checkbox"/> Single Class Fee	\$60 \$100 \$135 \$160 \$15		

Total Due with Registration: \$ _____

Please see reverse side for Medical Consent, Liability Release and Photo Release.

Payment Method: Please check one

- Cash Check Credit Card (MasterCard or Visa only)

MEDICAL CONSENT: In the event of injury, I hereby authorize the program officials of the Eagle Performing Arts Center to arrange for medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release the Eagle Performing Arts Center and all others from all liability in taking such action, including all action which maybe contrary to personal religious beliefs. I, the undersigned, have read this Release and Consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

LIABILTY RELEASE: I do hereby agree to release the Eagle Performing Arts Center and all other cooperating agencies, employees, officials, or managers thereof, from all liability for damages by reason of injures or property damages that may be sustained as a result of participation in this program.

PHOTO RELEASE: I, the undersigned, hereby give Eagle Performing Arts Center, its agents, and/or assignees permission to use the photographs, motion pictures or any reproductions of my physical likeness taken of me in any manner it deems proper. I relinquish all rights, title, and interest I may have in the finished pictures, negative, and copies. I waive the right of prior approval and hereby release Eagle Performing Arts Center, its agents, and/or assignees from any and all claims from damage of any and all kinds based on the use of said material. I hereby warrant that I am a parent or legal guardian of the subject of photography, who is under eighteen years of age, and am competent to act in his/her behalf insofar as the above is concerned.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE _____