



## SUMMER CAMP REGISTRATION FORM

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Student's First Name \_\_\_\_\_ Student's Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Parent 1 Full Name \_\_\_\_\_ Parent 2 Full Name \_\_\_\_\_ Preferred EMail Address \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Cell Phone Number Parent 1 \_\_\_\_\_ Cell Phone Number Parent 2 \_\_\_\_\_ Emergency Contact Name/Number \_\_\_\_\_

Does the student have any disabilities / allergies?

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Method of Payment:    ☐ Visa                      ☐ MasterCard                      ☐ AmEx                      ☐ Card on File

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Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

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Card Holder's Name \_\_\_\_\_

I hereby authorize M.I.A. DANCE FACTORY to charge my account.

X \_\_\_\_\_

- ☐ JUNE 15-19
- ☐ JUNE 22 - 26
- ☐ JUNE 29 - JULY 3
- ☐ JULY 6 -10
- ☐ JULY 13 -17
- ☐ JULY 20-24
- ☐ JULY 27-31
- ☐ AUGUST 3-7
- ☐ AUGUST 10-14

Tuition must be paid in advance at least 24 hours prior to registration. It is understood that there will be no refunds of tuition or any student fees in the event of absence or withdrawal of any student for any reason whatsoever.

**Pick-Up:**

Camp ends at 3:00PM. All students must be picked up by no later than 3:00PM. If pick-up is made any time after 3:00PM there will be a \$25 late pick-up fee.

**Injuries:**

Parents, legal guardians of minor students and adult students waive the right to any legal action for any injury sustained on school property resulting from normal dance activity or any other activity conducted by the students before, during or after class time.

**Photo Release:**

The school is hereby granted permission to take photographs of the students to use in brochures, web sites, posters, advertisements and other promotional materials the school creates. Permission is also hereby granted for the school to copyright such photographs in its name.

☐ I have read and understand the above policies and procedures and agree to abide by them.

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Students Name (please print) \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_