



# SUMMER CAMP ENROLLMENT FORM

Last Name \_\_\_\_\_ Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Wk# \_\_\_\_\_ Mother's Name \_\_\_\_\_ Wk# \_\_\_\_\_

**Billing Information** (If not same as above)

Name \_\_\_\_\_ Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about the Tri-Cities Academy of Ballet?  Mid-Columbia Yellow Pages  Verizon Yellow Pages  DEX Yellow Pages  
 Newspaper  Radio  Direct Mail  Internet  Drive By  Referral (By Whom) \_\_\_\_\_  Other \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Summer Dance Camp enrollment**

Class	Total

**TUITION POLICY:** Enrollment in the Summer Dance Camp is one week. A non-refundable \$50 deposit is due upon signing up with the balance due no later than 2 weeks before the first day of the camp. There are no tuition refunds within 2 weeks of the first day of camp.

**Liability Release:** On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that the Tri-Cities Academy of Ballet (TCAB), its principals, teachers, and staff shall not be liable in any way for injuries sustained during attendance at the dance and music school or any of its related functions

**Publicity Release:** I hereby authorize the Tri-Cities Academy of Ballet (TCAB) to record the student's picture and voice on photographs, films, DVD's, website, and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, DVD's, radio, television, website, and broadcast programs. I also give my permission for TCAB to use these materials in any manner or media whatsoever. TCAB is permitted to use these materials for publicity, advertising and sales promotion and to use the student's name, likeness and voice and biographic or other information in connection with them. I acknowledge that no promises of compensation were made by TCAB for such use.

**Medical Release:** In the event I cannot be reached, I hereby give my permission to the management, faculty, staff and chaperones of the Tri-Cities Academy of Ballet (TCAB) to authorize any emergency medical care that may be required by the student during participation, in classes, performances, or any related TCAB events. This authorization extends throughout the current academic year and throughout the summer workshops or until the student is no longer enrolled at TCAB, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

By signing below, I acknowledge that I have read and agree to abide by the above tuition policy and the releases of the Tri-Cities Academy of Ballet and I am responsible for the prompt and timely payment of the tuition shown above.

Camp dates \_\_\_\_\_ to \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_