



INTEGRITY IN DANCE AND LIFE
www.eldoradodance.com

SUMMER DANCE CAMP!
REGISTRATION FORM

PARENT/GUARDIAN:

Form fields for Parent/Guardian: LAST NAME, FIRST NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, E-MAIL ADDRESS

STUDENT:

Form fields for Student: LAST NAME, FIRST NAME, D.O.B

SUMMER CAMP ATTENDING

I AM AWARE: (PLEASE INITIAL NEXT TO EACH POLICY)

- 1. Enrollment and tuition dues are for one summer session. All tuition is payable before the first class of the summer session. A late fee of \$50 applies if not paid by the first class of the summer session. No refunds or pro-rates for missed classes or cancellations.
2. There will be a \$50 service charge for any returned check.
3. No food, candy, or drinks (other than water) are allowed anywhere in the dance room space — no exceptions.
4. El Dorado Dance Academy (EDDA) will not tolerate hazing, bullying, or ridicule of any sort. Constructive criticism, however, when requested, is always appreciated by students of all ability levels. If there is a problem with behavior, please contact an EDDA staff member immediately.
5. Students must adhere to the EDDA dress codes. To preserve the quality of our facility, no street shoes are allowed in the studios, and no dance shoes outside. Any students choosing to wear shorts that fall above the fingertips when placed at the sides are required to wear tights. This policy will be enforced.
6. Students are not allowed to loiter outside and must remain inside the El Dorado Dance Academy facility after drop off and before picking up. The studio will close promptly after the end of camp each day, so please pick-up on time.
7. El Dorado Dance Academy instructors and staff are not responsible, nor will they be liable for loss or damage to personal property.
8. EDDA uses photographic and/or video images of its customers for marketing, publicity, and advertising purposes. No personally identifiable information will be given out regarding the images. EDDA is authorized for use of those images without pay or compensation. All representations of the photographic images constitute EDDA's property, solely and completely.

I have read this fully and understand the above written statements.

Form fields for Signature and Date: STUDENT OR PARENT/GUARDIAN SIGNATURE, DATE (Parent/Guardian must sign if student is under 18)



PERTINENT MEDICAL DETAILS:

Are there any physical problems, allergies, past injuries, or special needs that El Dorado Dance Academy (EDDA) should know about to better serve your child? Is your child currently taking any medication regularly?

MEDICAL NOTES

EMERGENCY CONTACT NAME RELATIONSHIP PHONE

AUTHORIZATION TO CONSENT TO EMERGENCY TREATMENT OF A MINOR:

In case of emergency, illness or accident to your child in your absence, El Dorado Dance Academy is authorized to proceed as follows:

I/we the undersigned parent(s) of _____, a minor, do hereby authorize El Dorado Dance Academy, as agents for the undersigned in our absence, consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision and upon the advice of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at the duly licensed medical facility. It is understood this authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific care which the physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

The authorization shall remain in effect for one (1) WEEK or until revoked in writing and delivered to said agent(s).

El Dorado Dance Academy takes every precaution to ensure your child's safety as we are committed to anatomically informed and injury-free dance. Yet, as dance is a physical activity, injuries may occur. EDDA instructors and staff are not responsible for injuries occurring before, during or after class. Each student may decline to participate in any activity which they deem to be harmful and must inform the instructor of any physical limitations that may prevent full participation in class.

I hereby declare that I have provided and will continue to provide adequate and complete health insurance coverage to protect my child in case of injury or accident. Such insurance includes coverage for any, and all, activities in which my child will participate with EDDA. I understand and agree that EDDA does not, and cannot, assume any financial responsibility for any medical assistance or care my child may require.

I am aware that dance programs are to be considered strenuous physical activities. Therefore, I have received the consent of my physician for myself or for my child to participate in this program.

STUDENT OR PARENT/GUARDIAN SIGNATURE DATE
(Parent or Guardian must sign if student is under 18)

(PLEASE INITIAL NEXT TO EACH POLICY)

_____ Please charge my credit card for El Dorado Dance Academy Summer Dance Experience Fees.

_____ I agree and understand Summer Dance Camp Fees in the amount of \$240.00
(Early Bird Pricing: \$199 if registering by 4/1, \$220 by 5/1), will be debited from my account.

_____ El Dorado Dance Academy does not refund, pro-rate or credit accounts.

_____ Credit Card Denial will result in phone call notification. The full amount of tuition must be paid prior to the showcase to avoid an additional \$50 Late Fee.

VISA or MASTERCARD We are unable to process Discover or American Express currently.

Credit Card #: _____ Expiration Date: _____

Cardholder Name (Printed): _____

Signature: _____