

Synergy Dance Studio
Summer Camp Registration Form
Mailing address: 3267 Bee Cave Rd Suite 107-95, Austin, TX 78746
Physical Address: 3425 Bee Cave Rd, Austin, TX 78746

Student Name: _____ Age: _____ Birthday: _____

Parent Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone (hm/cell/wk): _____

Allergies or other important information: _____

Camp dates (please circle):

- | | |
|---|-----------------------------|
| Camp 1: June 14-18 Summer Dance Intensive age 6-14 \$275 SDC | *extended hrs needed: _____ |
| Camp 2: June 14-18 Storybook Princesses Preschool age 3-5 \$150 | *extended hrs needed: _____ |
| Camp 3: June 21-15 So You Think You Can Dance age 4.5-11 \$185 | *extended hrs needed: _____ |
| Camp 4: June 28-July 2 Teen Pop Sensations age 4.5-11 \$185 | *extended hrs needed: _____ |
| Camp 5: July 12-16 Vacation Destination Preschool age 3-5 \$150 | *extended hrs needed: _____ |
| Camp 6: July 12-16 Vacation Destination age 4.5-11 \$185 | *extended hrs needed: _____ |
| Camp 7: July 19-23 Everything Miley age 4.5-11 \$185 | *extended hrs needed: _____ |
| Camp 8: July 26-30 New York, New York age 4.5-11 \$185 | *extended hrs needed: _____ |
| Camp 9: Aug 2-6 Hooray For Hollywood Preschool age 3-5 \$150 | *extended hrs needed: _____ |
| Camp 10: Aug 2-6 Drill Team Intensive age 11-15 \$225 | *extended hrs needed: _____ |

*extended hours are \$25 per week/extra hour available 8-5pm or any variation within.

\$15 discount from total if registering for 2 or more camps

\$10 discount from total for siblings

Total Due: _____ Method of Payment: Cash Check **MC/Visa (auto pay or online available)

**Credit card payments can be made online at our website or if you fill out an auto pay credit card form. If your account is set up with auto pay already no other forms are needed.

Child Medical/Photo Release

This form is to authorize Synergy Dance Studio, their agents, representatives and employees (hereinafter "the School") to obtain emergency medical assistance and to provide transportation for the child herein below names, and to release the School from liability for injuries to children while on the school premises or otherwise in the care of the school staff members, such as in transporting the children.

In the event that I/we cannot make arrangements for emergency medical attention at the time of the illness or accident of my child, I hereby authorize any agent, representative or employee of the School to retain the services of a doctor or other competent medical person in order to treat the said minor. The undersigned further agrees to be financially responsible for all such medical services, including the cost of defense and enforcement of this indemnity agreement. I further understand and agree that the School, its agents, representatives, or employees may administer simple first aid in the event of minor injuries, and family members or doctors will be called when in the discretion of the School personnel, if it is deemed necessary.

I/we represent that I am parent/guardian of _____ and am fully responsible for the care and well being of the child. I agree that the School shall not be liable for any damages, claims or compensation of whatever nature (including liabilities for negligence, strict liability, or otherwise) that may arise to me or for my benefit, in the name of or for the benefit of the child, or in the name of or for the benefit of any other person as a result of personal injury to the child named above while the child is on the premises of the School or otherwise in the care of the School personnel, including any such injuries sustained while the child is being transported as herein authorized, and hereby agree to indemnify and hold harmless the School, its agents, employees or servants, whether paid or volunteer, against any and all claims which may arise from any injury to said child while participating in or being transported to programs of the school. Provided, however, the School shall be liable for injuries resulting from gross negligence of the School, its agents, representatives or employees, or injuries intentionally inflicted by the School, its agents, representatives or employees.

I/We acknowledge that my child may be videotaped or photographed for education, performance or advertising purposes.

I have read the foregoing and agree with it in all respects.

Signature _____ Date _____