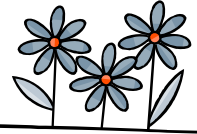




2010 Summer Girls Camp



Please complete **both** sides of this registration sheet and return it to Cecil Dancer Center. A \$30.00 non-refundable registration fee and the appropriate deposits must accompany this registration.

REGISTRATION & ENROLLMENT FORM

Child's Name: _____
Last First Middle

Age: _____ Date of Birth: _____

Mother's Name: _____ Does child live with you? _____

Mother's Address Street City State Zip Code

Mother's Home Phone Number: _____ Mother's Work Number: _____

Mother's email address: _____ Cell Number: _____

Father's Name: _____ Does child live with you? _____

Father's Address Street City State Zip Code

Father's Home Phone Number: _____ Father's Work Number: _____

Father's email address: _____ Cell Number: _____

1st Extra Emergency Name & Number: _____

2nd Extra Emergency Name & Number: _____

List the names of any person/s who are authorized to pick-up your child from camp (except parents) and their relationship to your child:

Are there any special circumstances such as medical, religious, family situation, etc. that we should be aware of? If yes, please explain:

Please initial after reading each notice below on the line provided:

_____ I understand that deposits will not be transferred to another day/week unless 3 weeks notice is given **AND** there is an opening available that day/week. Deposits can only be transferred to days/weeks for which you are currently **NOT** signed up. I understand that even with notice deposits will not be refunded.

_____ I understand that if I decide to cancel my scheduled day/week, I am still responsible for the balance due for that day/week, unless 3 weeks notice is given. I understand that deposits are non-refundable even with notice.

Please continue on the back. Incomplete registrations will not be accepted.



Weekly Requirements:

My child will attend on the weeks circled below. Tuition for each week is \$135.00. I have enclosed a \$25 non-refundable deposit for **each week** that is circled. I realize I will owe the balance of \$110.00 on the Monday of each week of attendance.

Daily Requirements:

My child will attend on the days circled below. Tuition for each day is \$31.00. I have enclosed a \$10 non-refundable deposit for each day that is circled. I realize I will owe \$21 per day on the Monday of each week of attendance.



CAMP WEEKS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
June 14 - 18	June 14	June 15	June 16	June 17	June 18
June 21 - 25	June 21	June 22	June 23 <i>Field Trip (\$3 fee)</i>	June 24	June 25
June 28 – July 2	June 28	June 29	June 30 <i>Field Trip (\$4 fee)</i>	July 1	July 2
July 5 - 9	CLOSED	July 6	July 7 <i>Field Trip (\$8 fee)</i>	July 8	July 9
July 12 - 16	July 12	July 13	July 14 <i>Field Trip (\$4 fee)</i>	July 15	July 16
July 19 - 23	July 19	July 20 <i>Field Trip (\$5 fee)</i>	July 21	July 22	July 23*
July 26 - 30	July 26 <i>Field Trip (no fee)</i>	July 27	July 28	July 29	July 30
August 2 - 6	August 2	August 3	August 4 <i>Field Trip (\$3 fee)</i>	August 5	August 6
August 9 – 13 <i>(\$10 performance fee)</i>	August 9	August 10	August 11	August 12	August 13 <i>\$10 show fee</i>
August 16 - 20	August 16	August 17	August 18 <i>Field Trip (no fee)</i>	August 19	August 20
August 23 – 27	August 23	August 24	August 25	August 26	August 27

***July 23 Overnight Stay Option**

Our 'Starry Night Slumber Party' will be held on Friday, July 23. Girls will have an evening of fun with friends while parents enjoy a night out. Girls must bring pajamas, a sleeping bag (or blanket) and pillow. We supply dinner on Friday, evening snacks and Saturday morning breakfast. Pick-up must be before 10:00am on Saturday morning. Cost (in addition to daily tuition) is \$30.00 and must be paid in advance. In signing below, guardian is granting permission for Cecil Dancenter staff to chaperone their child overnight. You understand that Cecil Dancenter cannot be held responsible for conditions beyond their control. In the event that emergency medical care is required, guardian permission is also granted.

1. Total number of full weeks circled above: _____ x \$ 25.00 deposit = \$ _____
 2. Total number of individual days circled above: _____ x \$ 10.00 deposit = \$ _____
 3. _____ Yes, my child will participate in the overnight stay on July 23 x \$ 30.00 = \$ _____
 _____ No, my child will not participate in the overnight stay on July 23
 4. Non-refundable Registration Fee..... \$ 30.00
 5. Field Trip Fees/Performance Week Fee (please reference above pricing) \$ _____
 6. Pizza Lunch Party each Tuesday (optional) _____ (# lunch parties) x \$ 3.00 = \$ _____
- Total amount due with registration (add the totals of number 1, 2, 3, 4, 5, & 6) \$ _____**

WAIVER AND RELEASE: I hereby agree to participate in Cecil Dancenter's Girls Summer Camp. Recognizing the risks of illness and injury inherent in any summer camp program, I am participating upon the express agreement and understanding that I am hereby waiving and releasing Cecil Dancenter from any and all claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising out of my participation in the Cecil Dancenter Camp Program or any illness or injury resulting therefrom, and thereby agree to indemnify and hold harmless the Cecil Dancenter from and against any and all claims except for illness and injury resulting from gross negligence or willful misconduct on the part of Cecil Dancenter. I also give permission for Cecil Dancenter to use photographs of my child for advertisement purposes. I further understand that Cecil Dancenter is equipped with an audio/video surveillance system and that my child's actions may be video/audio recorded. I realize that surveillance equipment will not be used in private areas. I hereby execute and deliver this Waiver and Release to induce Cecil Dancenter to *permit me/my child to participate in its program.* IN WITNESS WHEREOF, I have executed this waiver.

SIGNATURE (Parent or Guardian) _____ DATE: _____