



CAMP REGISTRATION

(MUST BE RECEIVED BY JUNE 2nd)

CHILD'S NAME _____

BIRTHDAY _____ **AGE** _____ **T-SHIRT SIZE** _____

ADDRESS _____

CELL PHONE _____ **PARENTS NAME** _____

EMAIL _____

We will email you once we have received your registration.

CAMP DAYS: June 16th-18th 9:00 AM-2:00 PM

Camp Fee (AGES 5-12) \$100 OFFICE USE ONLY: _____ cash/check

**includes 1 snack each day, craft items that they will bring home each day, and t-shirt

Jr. Campers (AGES 13-16) \$80 OFFICE USE ONLY: _____ cash/check

**will also get to be "helpers" for the camp. Fee includes 1 snack each day, staff t-shirt, and chance to learn how to teach and choreograph dances

Parents will need to provide their child's lunch & drink each day!

PLEASE CHECK BELOW IF YOU NEED THE FOLLOWING (price is per day):

EARLY DROP OFF (8:00-8:45 AM) \$10: _____

LATE PICK UP (2:15-3:00 PM) \$10: _____

DROP OFF OR MAIL REGISTRATION FORM, AGREEMENT AND CHECK TO ADDRESS BELOW

**PREMIER DANCE CENTER
645 PETRO POINT DRIVE
LAKE CHARLES, LA 70607**

Camp Registration Agreement

FULL PAYMENT MUST ACCOMPANY THIS FORM FOR A PLACE IN THE CAMP TO BE HELD. NO REFUNDS ARE GIVEN FOR DAYS NOT ATTENDED. CAMP FEES ARE NON-REFUNDABLE. SHOULD A HURRICANE COME OUR WAY, CAMP WILL BE RESCHEDULED DUE TO WEATHER RELATED REASONS.

The undersigned acknowledges and fully understands that he/she uses the facilities of Premier Dance Center LLC. at his/her own risk. The undersigned also acknowledges that the participant has medical insurance and hereby understands that Premier Dance Center carries liability as secondary coverage only. The undersigned hereby releases and forever discharges Premier Dance Center LLC., its agents, employees, independent contractors, officers, and directors from each and every claim, demand, or other obligation which may arise out of the connected activity. Premier Dance Center LLC. maintains reasonable rules of safety with all children, but I realize that due to physical demands and nature of the activity, there is a risk of injury. I am signing this document on behalf of myself and my child.

Do you have any medical concerns or conditions which we should be aware of such as diabetes, asthma, etc., or any condition that may affect your participation and activities at Premier Dance Center? If so, please tell us in writing:

Parent's Signature: _____

Date: _____