

 **Linda Watkins' School of Dance** 

Brambleton Ave, Roanoke

Summer Camp Registration Form 2019

CAMP HOURS: 9AM TO 12 NOON DAILY

Sign up with a friend that is NEW to LWSD and you both save \$10 off camp tuition!

Name of Student 1 _____
Birthday _____
Age

Name of Student 2 _____
Birthday _____
Age

Parent's Name

Address _____
City _____
Zip

Home Phone _____
Cell Phone _____
Work Phone

** _____ (Please print carefully!)

Email – Required. This is how you will receive all notices from the school including cancellations and all recital, rehearsal, picture information, invoices and the monthly newsletters.

Please Check Camp Registering for: **Sign-ups after July 1, add \$10 to price of tuition

Student Name	Tiny Dancer Camp <small>Week 1</small> July 15th to 19th \$145	Tiny Dancer Camp <small>Week 2</small> August 5th to 9th \$145

Please Fill out Registration form and mail with tuition and your release and liability form
Email Registration forms to: lindawatkinsdancestudio@gmail.com
 or mail to: 5719 Cavalier Drive, Roanoke VA 24018

Student Name: _____

Release and Liability Form



2019 Dance Camp

I, _____ do hereby agree not to

(parent/guardian name)

hold Linda Watkins' School of Dance, its staff or teachers liable for any injuries that occur during class or performances for the above named individual. I understand and recognize the risks of physical injury inherent in dance and dance performances and I am willing to assume those risks. I agree to release, indemnify and hold harmless the Linda Watkins' School of Dance, its owner, teachers and volunteers acting as chaperones for the school to consent to immediate medical, surgical, or dental treatments for the above named individual as deemed necessary by the medical/dental professional located at the nearest medical emergency facility. It is understood that every reasonable attempt will be made to notify the parent/guardian of any such injury. I also, understand that photos and/or videos may be taken of my child (ren) at dance recitals or other events, which may be sold or used for promotional purposes.

(Date) _____ (Signature of parent or guardian)

Related Information:

In case of emergency: please contact me at (ph.) _____

If parent/guardian cannot be reached, contact:

Name: _____

Phone #: _____

Relationship to student: _____

Please list any medical information we should be aware of:

