



Summer Camp Registration Form

The Place to Dance

Date: _____

Student Information:

Name: _____ Contact Number: _____

Email: _____ Birthday: _____

Age: _____ Grade: _____

Address: _____

City, State, Zip: _____

Emergency Contact during the day:

Name: _____ Relationship: _____

Cell Number: _____

Work: _____ Home: _____

Circle the week(s) & full (9 am - 4 pm) or half day (9 am - Noon):

July 25 - 29 full day \$200.00 Siblings \$190.00 half day \$90 Siblings \$85

Aug. 15 - 19 full day \$200.00 Siblings \$185.00 half day \$90 Siblings \$85

Please mail in a 50 % deposit to reserve your spot in the camp.

Waiver of Injury:

I, the undersigned, do hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur, if any, while participating in activities at San Diego Danceworks. I hereby waive all claims against the owners, operators, instructors or other students of San Diego Danceworks for any claim for injuries that I may sustain.

If under 18, this release and consent is to be signed by the parent or guardian:

www.sddanceworks.com
2653 Ariane Dr. San Diego, CA 92117
858-272-7456

Date

Signature of Student OR Parent/ Guardian

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