"Creating Inspiration through Dance"

Inspirations Dance Centre

2010 SUMMER REGISTRATION FORM

Please print clearly.

Student Name _____
Last First MI

Date of Birth _____/_____/_____ Age as of June 1, 2010 _____

Home Address _____
Street City Zip Code

Parents' Name(s) _____

_____
Street Address City Zip Code

Home Phone

_____

Mother's Mobile

_____

Father's Mobile

_____

Email*

_____

**IDC is trying to cut down paper usage to be more "green." All communications will be sent by email as well as posted at the studio. If you prefer a paper copy, please let us know. Together we can make a difference!*

Please Check All that Apply:

☐ Enchanted Princess & Pirates Camp (ages 3-5) June 21st-25th 9:00-2:00
☐ Glamour Girl Camp (ages 6 & up) July 5th-9th 9:00-2:00
☐ Pop Star Diva Camp (ages 6 & up) July 5th-9th 5:30-6:30
☐ Pop Star Diva Camp (ages 6 & up) July 26th-30th 5:30-6:30
☐ Fairy Princess & Pirates Camp (ages 3-5) July 12th-16th 5:30-6:30
☐ Fairy Princess & Pirates Camp (ages 3-5) August 2nd-6th 5:30-6:30
☐ Prima Ballerina Camp (ages 6 & up) July 12th-16th 4:30-5:30
☐ Prima Ballerina Camp (ages 6 & up)July 26th-30th 4:30-5:30
☐ Clogging Camp (ages 6 & up) June 21st-26th 5:30-6:30
☐ Clogging Camp (ages 6 & up) July 19th-23rd 5:30-6:30
☐ Summer Intensive (intermediate & advanced) August 9th-13th

Tuition Payment Agreement

I agree to pay Inspirations Dance Centre (IDC) for the dance instruction of the above student per the published tuition rates for the student's period of study. I understand that I can make a payment by check, money order, or cash payable to IDC. There will be a $30 surcharge for all returned checks. I understand that no refunds will be given for classes missed because of illness, vacation, or school closings to due acts of nature such as inclement weather. I understand that tuition fees are due on the fifth of each month; that if payment has not been received by the tenth of the month a finance charge of $10 will be assessed for each month payment is late.

Liability Release

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that Inspirations Dance Centre shall not be liable in any way for injuries sustained during attendance at the dance school or any of its related functions and during transportation to and from functions. I also understand that good ballet training involves touching and adjustment of the student's body by the instructor.

Medical Release

In the event I cannot be reached, I hereby give my permission to the management, faculty, staff and chaperones of Inspirations Dance Centre to authorize any emergency medical care that may be required by the above student during participation in classes, performances, or any related IDC events. This authorization extends throughout the current academic year and throughout the summer or until the student is no longer enrolled at IDC, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN LISTED ABOVE.

Name _____ Phone _____

I have read, understand, and agree to the Tuition Agreement, Liability Release and Medical Release.

Parent Signature _____ Date _____

Inspirations Dance Centre, PO Box 10741, Southport, NC 28461
Phone: 910.612.7441
Email: southportdance@yahoo.com