

# EXPRESS Summer FUN CAMP Registration Form 2018

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Medical Conditions /Allergies \_\_\_\_\_

## PARENT(S) / GUARDIAN(S) RESIDING WITH CHILD/CHILDREN:

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail (REQUIRED): \_\_\_\_\_

## EMERGENCY CONTACT: (if parent/guardian cannot be reached):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

## HALF DAY SUMMER FUN CAMP:

9AM-12Noon / Ages 3-11 / \$25 per day / \$100 per 5 day week (Savings \$25)  
Family Discount: 10% OFF Second (or more) child(ren)

## FULL DAY SUMMER FUN CAMPS:

9AM-4PM / Ages 5-11 / \$40 per day / \$150 per 5 day week (Savings \$50)  
Family Discount: 10% OFF Second (or more) child(ren)

Some changes 2018: 5 day week and extended until 4pm!

WEEK 1: MONDAY, JUNE 25: - FRIDAY, JUNE 29: ½ DAY: \_\_\_\_ FULL DAY: \_\_\_\_

WEEK 2: MONDAY, JULY 23 - FRIDAY, JULY 27: ½ DAY: \_\_\_\_ FULL DAY: \_\_\_\_

**Campers will have a blast while participating in dancing, acrobatics,  
gym obstacle courses, crafts, games & more!**

- **Have campers wear comfortable clothing.**
- **Parents provide snacks, lunch and drinks.**

\_\_\_\_WAIVER OF LIABILITY & INJURY: As the legal parent or guardian, I release and hold harmless EXPRESS Dance and Acrobatics, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of EXPRESS Dance and Acrobatics, its owners and operators or in route to or from any of said premises. This will apply to my child and/or any child that may accompany me in an enrolled or non-enrolled capacity.

I understand and agree to the terms of this Waiver Agreement.

\_\_\_\_\_  
Parent/Guardian of minor student

\_\_\_\_\_  
Date Signed

(OFFICE) Date: \_\_\_\_\_ Amount paid: \_\_\_\_\_