



## 3-Day Company Intensive Camp

Dancer Name: \_\_\_\_\_

Age: \_\_\_\_\_ Rising Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Dance Experience – Yes/No    Number of years \_\_\_\_\_

Parent Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ # \_\_\_\_\_

**Camp Cost: \$150.00**

**Make check payable to: Staci Ezzell**

**Mail to: Staci Ezzell 7304 Peacock Rd, Chadbourn, NC 28431**

In exchange for my child's voluntary participation with Simply Dance, I agree to the following:

I recognize that there are certain inherent rights and risk of injury associated with the activity of dance. I assume full responsibility for any personal injury to my child. I further release and discharge Simply Dance, its employees, instructors, and all affiliated entities for any injury, loss or damages arising out of participation in class and all other activities associated with Simply Dance.

X \_\_\_\_\_ Date: \_\_\_\_\_