Conservatory for the Arts
DANCE CAMP

Registration 2010

CHILD'S LEGAL NAME* _____

(Last, First, Middle Initial)

BIRTH DATE _____ **AGE*** _____ **SEX** ☐ **FEMALE** ☐ **MALE**

PARENT'S/GUARDIAN'S NAME* _____

HOME TELEPHONE NUMBER* _____

WORK TELEPHONE NUMBER _____

CELLPHONE NUMBER _____

ADDRESS* _____

CITY* _____ **STATE*** _____ **ZIP*** _____

EMAIL _____

ELEMENTARY SCHOOL CHILD CURRENTLY ATTENDS _____

GRADE COMPLETED _____

PLEASE CHECK YOUR CHILD'S T-SHIRT SIZE **CHILD:** **LARGE** ☐ **ADULT:** **SMALL** ☐ **MEDIUM** ☐ **LARGE** ☐ **XL** ☐

I UNDERSTAND THAT THE CONSERVATORY FOR THE ARTS DANCE CAMP DOES NOT PROVIDE INSURANCE. I ALSO UNDERSTAND THAT CHILDREN WITH REOCCURING BEHAVIORAL PROBLEMS WILL BE DISMISSED FROM CAMP WITHOUT A REFUND. MISCONDUCT WILL NOT BE TOLERATED.

*LAST DATE FOR FULL REFUNDS IS JUNE 15TH. AFTER JUNE 15TH 60% OF ALL FEES ARE NON-REFUNDABLE. PLEASE SIGN BELOW TO VERIFY YOUR KNOWLEDGE OF THE ABOVE REFUND POLICY AND THAT ALL YOUR INFORMATION ABOVE IS CORRECT.

PARENT SIGNATURE _____ **DATE** _____