



Summer Dance Camp Registration

August 8-12, 2016

9am-3pm

with early drop-off and extended care available

**Please mail or drop off this form with your deposit or payment in full to:
Contemporary Dance Theater, Inc., 1805 Larch Ave Cincinnati, OH 45224
*You will be contacted with a confirmation***

1st Child's Name: _____ D.O.B: _____ Age: _____
Address: _____
City: _____ State: _____ Zip Code: _____

****There will be space to sign up additional family members on page 2****

Legal Guardian(s): _____
Address, if different from child: _____
City: _____ State: _____ Zip Code: _____
Email address: _____
Home Phone #: _____ Work Phone #: _____
Cell Phone #: _____
Please indicate your relationship to child: _____

IN CASE WE ARE UNABLE TO REACH YOU AT THE ABOVE INFORMATION, PLEASE PROVIDE THREE OTHER ALTERNATE EMERGENCY CONTACTS IN PRIORITY ORDER:

Emergency Contact # 1: _____ Phone #: _____
Relationship to child: _____
Emergency Contact # 2: _____ Phone #: _____
Relationship to child: _____
Emergency Contact # 3: _____ Phone #: _____
Relationship to child: _____

All campers, except those who registered late, will receive a camp t-shirt.

Please indicate the size you would like: S M L XL

Please note, snack will be provided, but children must bring their own lunches.

Allergies(food, medicine, etc): _____

Dietary restrictions: _____

Medications, dosing, timing: _____

Medical conditions we should know about: _____

Child's physician or facility: _____

2nd Child's Name: _____ D.O.B: _____ Age: _____

T-Shirt Size: S M L XL

Allergies(food, medicine, etc): _____

Dietary restrictions: _____

Medications, dosing, timing: _____

Medical conditions we should know about: _____

Child's physician or facility: _____

3rd Child's Name: _____ D.O.B: _____ Age: _____

T-Shirt Size: S M L XL

Allergies(food, medicine, etc): _____

Dietary restrictions: _____

Medications, dosing, timing: _____

Medical conditions we should know about: _____

Child's physician or facility: _____

We will require a photo ID for all persons picking up children from the camp if they are not recognized by staff as the same person who dropped off the child in the morning or from prior pick-ups or drop-offs. If someone arrives who is not on the list below, we will attempt contacting you at the phone numbers you provided on the previous page. If you are unable to be reached, we will NOT allow the child to leave with the unlisted person. If your child is allowed to walk home alone, please indicate that below.

Name	Relationship to Child(ren)	Phone Number

Please check the registration type. **Please note a non-refundable \$50 deposit is due at the time of registration.** The remaining balance is due by the dates listed below on the registration and fee schedule.

	<u>Cash/Check</u>	<u>Credit Card</u>
<input type="checkbox"/> Early registration (by June 1, 2016)	\$195	\$199
<input type="checkbox"/> Each additional child (early registration)		
*For how many additional kids? _____ x \$195/\$199	\$ _____	\$ _____
<input type="checkbox"/> Regular registration (between June 2- July 22)	\$210	\$214
<input type="checkbox"/> Each additional child (regular registration)		
*For how many additional kids? _____ x \$210/\$214	\$ _____	\$ _____
<input type="checkbox"/> Late registration (between July 23 - August 5)	\$235	\$239
<input type="checkbox"/> Each additional child (late registration)		
*For how many additional kids? _____ x \$235/\$239	\$ _____	\$ _____

Please indicate which days you would like early drop off:

Early drop off (7:30-8:45 am) M T W TH F

Early drop off: Please add \$8 Cash/check \$9 CC/child per day \$ _____ \$ _____

Please indicate which days you would like extended care:

Extended afternoon care (3:15-6:00) M T W TH F

Extended care: Please add \$8 Cash/check/\$9 CC/child per day \$ _____ \$ _____

Total Due: \$ _____ \$ _____

***IMPORTANT:** Please note if the person dropping off your child(ren) before 8:45 am you will be subject to the early drop off charge of **\$8 cash/check or \$9 credit card per child**. Please note that if the person picking up your child(ren) arrives after 3:30pm, you will be subject to the Extended Care charge of **\$8 cash/check or \$9 credit card per child**. If arriving after 6pm, you will be subject to an additional **\$25 late fee per child per instance** as our services end at 6pm. Late fees are due by drop-off the next morning if you do have not paid the fee at the time of pick-up/lateness.

Method of Payment: _____ **Amount Paid:** _____ **Today's Date:** _____

Credit Card# _____ **Exp Date** _____ **Security Code** _____

Name on Card _____ **Billing Zip Code** _____

RELEASE OF LIABILITY & PHOTO RELEASE

The undersigned does hereby release, forever discharge, and agree to hold harmless Company Dance, Contemporary Dance Theater, and its members, directors, instructors, guest instructors, volunteers, employees, and agents (collectively, the "Indemnities") from and against any and all liability, claims, demands, lawsuits, and expenses of any kind including attorney fees, that the below, their assignees, heirs, guardians, next of kin, spouse, and legal representatives now have, or may have in the future, arising from personal injury, sickness, death or property damage of any kind as a result of negligent, willful, or intentional acts, whatsoever which may be incurred, suffered, or sustained during, from, in relation to, or in association with the Contemporary Dance Theater classes, early drop off/extended care, performances, events, rehearsals, or other activities.

The undersigned parent or legal guardian of the participant(s) do hereby grant permission for his or her child(ren) to participate fully in the Contemporary Dance Theater Summer Dance Camp for Kids and all of its activities and hereby gives permission to the Indemnities to call for medical attention and/or take said participant(s) to a doctor or hospital for medical emergencies at the discretion of the Indemnities, and the undersigned willfully and completely assume all responsibility for all medical bills.

The undersigned understands that if the participant becomes ill, disruptive, or otherwise unable to finish the camp that the undersigned will be required to pick up the participant immediately, and that inappropriate behavior (as determined by Indemnities) shall be cause for immediate dismissal without refund. Further should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, the undersigned will assume all responsibility and costs of transportation.

The undersigned hereby grants Company Dance and Contemporary Dance Theater permission to record and use the participants' likeness in photographs or video, in any altered or unaltered form, in any and all publications, documents, advertisements, or broadcasts, without notice, approval, credit, payment, or any other consideration by the undersigned or his or her representatives. The undersigned agrees that these materials will become the property of Company Dance and Contemporary Dance Theater and will not be returned.

Names of all participants: _____

Signature: _____ Date: _____

Printed Name of Legal Guardian: _____

For office use only:

Date	Scholarship Student?	\$50 Deposit Paid?	Payment Recorded	Balance Due	Recorded By	Notes