Summer Slam Dance Camp Salt Lake Valley- Registration Form

July 28, 29, 30, 2014—Juan Diego High School

Select one category Dance/Drill Team ☐ Studio Dance ☐ Individual ☐

School/Studio Name (leave blank if entering as an individual) _____ Phone # _____

Main Contact Name _____ Alt. Phone # _____

Street Address _____ State _____ Zip _____

Email Address REQUIRED _____

Alt. Email _____

FULL PAYMENT DUE BY JULY 7, 2014

Every participant *MUST* have a completed liability waiver, *including teachers*. One coach may attend free (without lunch, or $30.00 with lunch) with at least FIVE students.

Coaches bringing less than 5 participants must pay full price. Additional coaches after the first are $50.00 without lunch or $80.00 with lunch.

Camp Pricing Breakdown:	Without lunch	With lunch	Late Registration Without lunch	Late Registration With lunch
Participants (dancers):	$125.00 each	$155.00 each	$145.00 each	$175.00 each
First Teacher w/ 5 participants (dancers):	FREE	$30.00	FREE	$40.00
Additional Teachers after first teacher:	$50.00 each	$80.00 each	$60.00 each	$90.00 each

FULL PAYMENT DEADLINE is JULY 7, 2014. Any entries after deadline are subject to above late fees and accepted only upon availability.

Checks will only be accepted before camp deadline! Any late registration/payments must be paid by cash or credit card ONLY.

TOTAL ALL PAGES ☐

Please make checks payable to: DANCE AMERICA

OR pay by credit card: VS/MC, AMEX, DSCVR

CARD #: _____ EXP DATE: _____/_____

Card holder's signature: _____

dance america

Summer Slam Dance Camp Registration Form

Draper, UT— July 28, 29, 30, 2014—Juan Diego High School

Studio Name _____ Phone # _____

PLEASE LIST ALL ATTENDEES BELOW, INCLUDING TEACHERS—COPY AND ATTACH ADDITIONAL PAGES IF NEEDED

FULL NAME	AGE	LEVEL	LUNCH No/Yes	Circle one:	T-Shirt Size (XS, S, M, L, XL)	TOTAL
		☐ MINI ☐ BEG ☐ INT ☐ ADV	NO ☐ $125.00 YES ☐ $155.00	YOUTH / ADULT	☐ XS ☐ S ☐ M ☐ L ☐ XL	
		☐ MINI ☐ BEG ☐ INT ☐ ADV	NO ☐ $125.00 YES ☐ $155.00	YOUTH / ADULT	☐ XS ☐ S ☐ M ☐ L ☐ XL	
		☐ MINI ☐ BEG ☐ INT ☐ ADV	NO ☐ $125.00 YES ☐ $155.00	YOUTH / ADULT	☐ XS ☐ S ☐ M ☐ L ☐ XL	
		☐ MINI ☐ BEG ☐ INT ☐ ADV	NO ☐ $125.00 YES ☐ $155.00	YOUTH / ADULT	☐ XS ☐ S ☐ M ☐ L ☐ XL	
		☐ MINI ☐ BEG ☐ INT ☐ ADV	NO ☐ $125.00 YES ☐ $155.00	YOUTH / ADULT	☐ XS ☐ S ☐ M ☐ L ☐ XL	
		☐ MINI ☐ BEG ☐ INT ☐ ADV	NO ☐ $125.00 YES ☐ $155.00	YOUTH / ADULT	☐ XS ☐ S ☐ M ☐ L ☐ XL	
		☐ MINI ☐ BEG ☐ INT ☐ ADV	NO ☐ $125.00 YES ☐ $155.00	YOUTH / ADULT	☐ XS ☐ S ☐ M ☐ L ☐ XL	
		☐ MINI ☐ BEG ☐ INT ☐ ADV	NO ☐ $125.00 YES ☐ $155.00	YOUTH / ADULT	☐ XS ☐ S ☐ M ☐ L ☐ XL	
		☐ MINI ☐ BEG ☐ INT ☐ ADV	NO ☐ $125.00 YES ☐ $155.00	YOUTH / ADULT	☐ XS ☐ S ☐ M ☐ L ☐ XL	
		☐ MINI ☐ BEG ☐ INT ☐ ADV	NO ☐ $125.00 YES ☐ $155.00	YOUTH / ADULT	☐ XS ☐ S ☐ M ☐ L ☐ XL	

With 5 participants or more:

Teachers: _____ NO—FREE ☐ YES $30.00 ☐

_____ NO $50.00 ☐ YES $80.00 ☐

_____ NO $50.00 ☐ YES $80.00 ☐

SUBTOTAL ☐

Dance America Liability Form

Waiver of Liability/Medical/Publicity Release Form

I hereby waive and absolve Dance America, Inc., and all division thereof of any and all liability and responsibility for injuries, sickness, accidents, and/or acts of "God" incurred during participation/attendance in competitions, camps, workshops, and related activity by myself/my child, whose name is:

Please print full name of attendee/participant

Age as of event date

In consideration of my signed release allowing my child/myself to participate in a Dance America activity, I, intending to be legally bound, do hereby, my heirs, executor and administration, waive, release, and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against Dance America, the camp/clinic directors or their respective employees, office agents, representative, successors, and/or assignee, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or riding out of travel to and/or return from the respective Dance America event site. In the event of injury/accident/sickness, Dance America officials and/or instructors are to contact the designated adult listed below. In addition, I hereby five my permission for myself/my child to be photographed, videotaped, and/or audio-taped during any Dance America activity. I further give permission for such photographs, videotapes, and audiotapes to be used in print or broadcast media as deemed appropriate for promotion of Dance America activities, and for publicity surrounding participation in Dance America events.

Signature of self, or parent/guardian if under 18

Phone Number (include area code)

Home Address

City, State, Zip Code

Date

Signed liability form is REQUIRED to participate in any Dance America activity.

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name:_____

Street Address:_____

City:_____ **State:**_____ **Zip:**_____

Phone: (___)_____ **Alt #: (___)**_____

Doctor's Name: _____

Doctor's Phone: _____