



Summer Slam Dance Camp Pocatello - Registration Form

Aug. 3, 4, 5, 2017—Highland 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 14, 2017



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.

<u>Camp Pricing Breakdown:</u>	<u>Without lunch</u>	<u>With lunch</u>	<u>Late Registration Without lunch</u>	<u>Late Registration With lunch</u>
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 14, 2017. 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: _____



Summer Slam Dance Camp Pocatello—Registration Form

Aug. 3, 4, 5 2017—Highland 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	TOTAL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
		MINI	BEG	INT	ADV	\$125.00	\$155.00	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
		MINI	BEG	INT	ADV	\$125.00	\$155.00	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
		MINI	BEG	INT	ADV	\$125.00	\$155.00	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
		MINI	BEG	INT	ADV	\$125.00	\$155.00	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
		MINI	BEG	INT	ADV	\$125.00	\$155.00	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
		MINI	BEG	INT	ADV	\$125.00	\$155.00	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
		MINI	BEG	INT	ADV	\$125.00	\$155.00	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
		MINI	BEG	INT	ADV	\$125.00	\$155.00	

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

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 give 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 partici-
pate 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: _____

