



# Summer Slam Dance Camp St. George - Registration Form

Aug. 6-8, 2020—Snow Canyon High School



School/Studio Name \_\_\_\_\_ Phone # \_\_\_\_\_

Main Contact Name (person to contact if we have questions) \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address REQUIRED \_\_\_\_\_

Alt. Email \_\_\_\_\_

**FULL PAYMENT DUE BY JULY 16, 2020**

Every participant *MUST* have a completed liability waiver—please print additional waivers if needed

<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>
	\$125.00 each	\$155.00 each	\$145.00 each	\$175.00 each

**FULL PAYMENT DEADLINE is JULY 5th, 2019. Any entries after deadline could be subject to 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.

GRAND TOTAL \$:

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 St. George—Registration Form



**Aug. 6-8, 2020**

Snow Canyon High School  
1385 N. 2400 W.  
St. George, UT 84770

**FULL OUT!**  
EXIT ONLY

DANCER'S FULL NAME	AGE	LEVEL				LUNCH	No/Yes	TOTAL
_____	_____	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"/>	_____
							<b>TOTAL</b>	<input style="width: 100px; height: 20px;" type="text"/>

Forms can be scanned and emailed to [robyn@danceamericausa.com](mailto:robyn@danceamericausa.com),

faxed to the number below, or mailed to the address below.



# 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 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: \_\_\_\_\_