



Summer Slam Dance Camp Idaho Falls - Registration Form

Aug. 11th - 13th, 2022 Thunder Ridge 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 11th, 2022



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

Camp Pricing Breakdown:

Without lunch

With lunch

Late Registration Without lunch

Late Registration With lunch

\$140.00 each

\$170.00 each

\$160.00 each

\$190.00 each

FULL PAYMENT DEADLINE is JULY 11th, 2022. 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.

Please make checks payable to: DANCE AMERICA

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

GRAND TOTAL TO

BILL ON CARD:

CARD #: _____ EXP DATE: ____/____

Name On Card: _____ CVV CODE: _____

Card holder's signature: _____ Billing ZIP Code: _____





Summer Slam Dance Camp Idaho Falls—Registration Form

Aug. 11th - 13th, 2022

Thunder Ridge High School
4941 1st St.
Idaho Falls, ID 83401



Is your studio attending?

Yes No

DANCER'S FULL NAME	AGE	LEVEL				LUNCH	No/Yes	TOTAL
_____	_____	MINI	BEG	INT	ADV	\$140.00	\$170.00	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
_____	_____	MINI	BEG	INT	ADV	\$140.00	\$170.00	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
_____	_____	MINI	BEG	INT	ADV	\$140.00	\$170.00	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
_____	_____	MINI	BEG	INT	ADV	\$140.00	\$170.00	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
_____	_____	MINI	BEG	INT	ADV	\$140.00	\$170.00	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
_____	_____	MINI	BEG	INT	ADV	\$140.00	\$170.00	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
_____	_____	MINI	BEG	INT	ADV	\$140.00	\$170.00	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	_____
							TOTAL	<input style="border: 2px solid black;" type="text"/>

Forms can be scanned and emailed to 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: _____