



# Summer Slam Dance Camp Salt Lake Valley - Registration Form

July 21st - 23rd, 2022 Riverton High School

Select one category Dance/Drill Team  Studio Dance

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

Main Contact Name \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

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

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

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

**FULL PAYMENT DUE BY JUNE 21st, 2022**



<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):	\$140.00 each	\$170.00 each	\$160.00 each	\$190.00 each
First Teacher w/ 5 participants (dancers):	FREE	\$45.00	FREE	\$55.00
Additional Teachers after first teacher:	\$65.00 each	\$95.00 each	\$75.00 each	\$105.00 each

**FULL PAYMENT DEADLINE is JUNE 21st, 2022. 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.

**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 Salt Lake Valley—Registration Form

July 21st - 23rd, 2022 Riverton 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	\$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"/>	_____
		MINI	BEG	INT	ADV	\$140.00	\$170.00	

**With 5 participants or more:**

Teachers: \_\_\_\_\_ NO—FREE  YES \$45.00

\_\_\_\_\_ NO \$65.00  YES \$95.00

\_\_\_\_\_ NO \$65.00  YES \$95.00

**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 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: \_\_\_\_\_