



Registration Form 2018 Summer Camp

*Please print clearly in black or blue ink.
Each student requires a separate form.*

Date: _____

Student's Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ State/Zip Code: _____

Current Medications and/or Food Allergies: _____

Parent Name: _____ Phone #: _____

Parent Name: _____ Phone #: _____

Email Address(es): _____

Mother's Place of Employment: _____

Father's Place of Employment: _____

Previous Dance Training? YES NO If so, how long & what type? _____

How did you hear about CSDA/Coastal Elite Dance? _____

Siblings to Student *Provide boy or girl, name, and age*

Did you bring /refer a new friend to Coastal Elite this summer? If so, who? _____

(Over)



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Student's Name: _____ Age: _____ DOB: _____

Camp Registration:

Camp: _____ Dates: _____ Time: _____ Tuition: \$ _____

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Total Tuition: \$ _____ Discount Amount (if any): \$ _____ Total Amount Due: \$ _____

\$50 deposit required for each camp upon registration. Balance due on first day of camp.

Liability Waiver, Tuition Agreement, and Media Release Consent:

I, _____, the parent (or legal guardian) of the above named child fully understands that CSDA/Coastal Elite Dance and its instructors assume no liability for students participating in dance classes and that there are certain risks associated with all physical activities. **All students MUST be picked-up at the end of camp time.** Parents who are enrolling their child with CSDA/Coastal Elite Dance accept all responsibility for their child's safety and behavior.

_____ I agree to CSDA/Coastal Elite Dance's tuition policy

_____ I agree to allow CSDA/Coastal Elite Dance to use photos of my child for marketing & advertising materials including social media, website, and printed material.

_____ CSDA/Coastal Elite Dance does NOT have my authority to use photos of my child for any marketing purposes as listed above.

Parent Name (printed): _____ Date: _____

Parent Signature: _____

Additional Emergency Contacts:

Please provide 2 additional emergency contacts.

Name: _____ Relation to Student: _____ Ph #: _____

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