



# EXPRESS Summer FUN CAMP Registration Form

## 2019

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Medical Conditions /Allergies \_\_\_\_\_

**PARENT(S) / GUARDIAN(S) RESIDING WITH CHILD/CHILDREN:**

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail (REQUIRED): \_\_\_\_\_

**EMERGENCY CONTACT:** (if parent/guardian cannot be reached):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**HALF DAY SUMMER FUN CAMP:**

9AM-12Noon / Ages 3-11 / \$25 per day / \$100 per 5 day week (Savings \$25)  
Family Discount: 10% OFF Second (or more) child(ren)

**FULL DAY SUMMER FUN CAMPS:**

9AM-4PM / Ages 5-11 / \$40 per day / \$150 per 5 day week (Savings \$50)  
Family Discount: 10% OFF Second (or more) child(ren)

**Some changes for 2019: 5 day week and extended until 4pm!**

**WEEK 1:** MONDAY, JULY 15: - FRIDAY, JULY 19:    ½ DAY: \_\_\_\_ FULL DAY: \_\_\_\_

**WEEK 2:** MONDAY, JULY 29 - FRIDAY, AUGUST 2:    ½ DAY: \_\_\_\_ FULL DAY: \_\_\_\_

**Students will have a blast dancing, acrobatics,  
gym obstacle course, crafts games & more!**

**Have campers wear comfortable clothing. Parents provide snacks, lunch and drinks.**

\_\_\_\_ WAIVER OF LIABILITY & INJURY: As the legal parent or guardian, I release and hold harmless EXPRESS Dance and Acrobatics LLC, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of EXPRESS Dance and Acrobatics LLC, its owners and operators or in route to or from any of said premises. This will apply to my child and/or any child that may accompany me in an enrolled or non-enrolled capacity.  
I understand and agree to the terms of this Waiver Agreement.

\_\_\_\_\_  
Parent/Guardian of minor student

\_\_\_\_\_  
Date Signed

(OFFICE) Date: \_\_\_\_\_ Amount paid: \_\_\_\_\_