

SBS 2016 All About Dance Summer Camp (age 5-8)

Session I " Alice in Wonderland" July 5th- 8th 9:30am - 2:30pm Tuition \$300 Early registration 5%off (by March 31st) \$285 <input type="checkbox"/> Sibling discount <input type="checkbox"/>	Session II " Little Mermaid " July 11th- 15th 9:30am - 2:30pm Tuition \$350 Early registration (by March 31st)5%off \$332.50 <input type="checkbox"/> Sibling discount <input type="checkbox"/>	Session I & II July 5th - 15th 9:30am - 2:30pm Tuition \$630 Early registration (by March 31st) 5%off \$598.50 <input type="checkbox"/> Sibling discount <input type="checkbox"/>
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PARTICIPANT INFO

Child#1 Name

_____ **Age** _____

D.O.B. _____

Grade in September2015_____

Child #2 Name

_____ **Age** _____

D.O.B. _____

Grade in September2015_____

Mailing Address

_____ **Apt.#** _____

City

_____ **State** _____ **Zip**

_____ **Home Phone** (_____) _____

Email Address

PARENT/GUARDIAN INFO

Name of Parent/Guardian registering child _____

Home Phone

(____) _____

Work Phone (____) _____

Cell Phone

(____) _____ Email

Name of Parent/Guardian _____

Home Phone

(____) _____

Work Phone (____) _____

Cell Phone

(____) _____ Email

EMERGENCY CONTACT INFO

Please list two (2) contacts not already listed on this form, to be used if the parents/guardians cannot be reached

Name _____

Relation _____ Home Phone

(____) _____

Work Phone (____) _____

Cell Phone (____)

PHYSICIAN INFO

Name _____

Telephone Number

(____) _____ Address

City _____ State _____ Zip

AUTHORIZATION / CONSENT

EMERGENCY AUTHORIZATION: I understand that in the event of an emergency affecting my child while participating in a SBS summer intensive, a designated employee of the SBS will attempt to contact me and inform me as soon as possible. In the event I cannot be reached, I hereby give permission for my child to be treated or hospitalized by a licensed physician or hospital selected by the SBS.

Name Signature Parent/Guardian

Signature Participant

Parent/Guardian

Date

PERMISSION FORM

I hereby grant permission for my child to use all equipment and participate in all activities of the Sunnyside Ballet.

I hereby grant permission for my child to leave the SBS premises, under proper supervision of SBS.

SBS staff, for neighborhood walks, park activities and field trips. It is my understanding that these trips will be taken over the camp session without further consent from me.

Parent/Guardian Signature

Date
