

# Wilton Dance Studio, Inc.

## Summer/DANCECamp

### Summer Registration Form 2018

Please print & fill out one form per student



Please Mail/Fax With Payment To:  
 Wilton Dance Studio, Inc.  
 P.O. Box 427 Wilton, CT 06897-0427  
 Fax: 203.544.8820

Dancer's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

e-mail address: \_\_\_\_\_

Phone Numbers: Mother: Home: ( ) - - Work: ( ) - - Cell: ( ) - -

Father: Home: ( ) - - Work: ( ) - - Cell: ( ) - -

How did you learn about WDS? Ad \_\_\_ Web \_\_\_ Friend \_\_\_ Mailer \_\_\_ Other \_\_\_\_\_

DAY	TIME	DANCE CAMP ages 2.5 - 4 yrs. / 5 - 7 yrs.			TUITION
M - F	9:30 - 12:00	June 25 - June 29	Princess Power	2.5 - 4 yrs.	\$ 250.00
M - F	9:30 - 12:00	July 09 - July 13	Fairy Friends	5 - 7 yrs.	\$ 250.00
M - F	9:30 - 12:00	July 16 - July 20	Rapunzel Rave	5 - 7 yrs.	\$ 250.00
M - F	9:30 - 12:00	July 23 - July 27	Luau Party	2.5 - 4 yrs.	\$ 250.00

Discount - \$25.00 each subsequent camp for same child or 5% for Family Discount. Discounts may not be combined, higher discount amount will apply. Discounts apply to the above DANCE CAMPS only.

DAY	TIME	BALLET BOOT CAMP			TUITION
M - F	9:30 - 4:00	July 5 <sup>2</sup> - 15	Princess Power	(32 - 18)	\$ 695.00
M - F	9:30 - 4:00	August 15 - 19	[ CI R" Xctk	(32 - 18)	\$ 695.00

DAY	TIME	ACRO BOOT CAMP			TUITION
M - F	3:30 - 5:30	August 22 - 26	Acro" K" (9 - 18)		\$ 645.00
M - F	9:00 - 12:00	August 22 - 26	Acro" K" (10 - 18)		\$ 645.00

DAY	TIME	SUMMER DANCE CLASSES - Ballet III - VI			TUITION
M, W & Th	6:00 - 8:00	BALLET - Open level combined class - 6.0 hours per week \$ 95.00 per wk 7/2-7/5 7/9-7/12 7/16-7/19 7/30-8/2 8/6-8/09 8/13-8/16 CIRCLE EACH WK			

DAY	TIME	JR. COMPETITION TEAM			TUITION
M - F	9:00 - 3:30	August 20 - 24	Includes Acro Boot Camp		\$ 750.00

DAY	TIME	SR. COMPETITION TEAM			TUITION
M - F	9:00 - 5:30	August 20 - 24	Includes Acro Boot Camp		\$ 825.00

Payment Method Check  CC  Cash

VISA MC DISC AMEX EXP. \_\_\_\_/\_\_\_\_ CNV CODE \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

PAYMENT ENCLOSED \$ \_\_\_\_\_

BALANCE DUE \$ \_\_\_\_\_

X \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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CARDHOLDER SIGNATURE

X \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

In signing I hereby acknowledge and accept the Wilton Dance Studio, Inc. Policies and Procedures

# Wilton Dance Studio, Inc.

**Please Mail/Fax To:**  
Wilton Dance Studio, Inc.  
P.O. Box 427 Wilton, CT 06897-0427  
Fax: 203.544.8820

**Emergency Contact/Medical  
Release Summer Registration 2018**  
Please print & fill out one form per student



Dancer's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Emergency Contacts:

Please give the name and contact numbers for two people who may be contacted in case of emergency or illness. These people should live in the general vicinity of Wilton Dance Studio, Inc.

1. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### WAIVER OF LIABILITY

The undersigned hereby: (I) acknowledges that dancing is an activity which involves certain risks, (II) assumes the risks of my or my child's participating in Wilton Dance Studio's classes, (III) hereby irrevocably releases Wilton Dance Studio, Inc., its employees, agents, officers, directors, and/or successors from any and all liability of any type or nature arising out of my or my child's participation in its classes or similar activities, and (IV) photos and videos taken of my child/children may be used for the purpose of advertising Wilton Dance Studio, Inc. I declare to the best of my knowledge and belief that I/my children are in sufficient good health to participate in these programs.

Are there any medical or social issues the staff should be aware of? \_\_\_\_\_

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PARENT/GUARDIAN SIGNATURE

DATE:

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