



EXCELSIOR SCHOOL *of* DANCE
AND PERFORMING ARTS

SUMMER DANCE CAMP

June 15th - June 18th

9:00am - 1:00pm

Ages 3-11 years

Four fun-filled days of dancing, choreography, crafts, games and costuming with Ms. Rebecca!
Parent Showcase to be performed in studio on the final day (Thursday) at 12:30pm

SAVE \$50.00 if you Register with full payment by May 15th
(Register no later than June 8th)

Physical Address: 28555 Robinson Rd, Conroe, TX 77385 | Mailing Address: 435 Springwood Dr., Conroe, TX 77385 | www.excelsiordanceschool.com | excelsiorschoolofdance@gmail.com

Student Name: _____ Parents Name: _____

D.O.B. _____ Age: _____

If new to ESD: Number of years Danced: ____ Where & Type: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (HM) _____ (WK) _____

(Cell) _____ (Circle Yes or No to receive text updates from Ms. Ashley as this is our main form of communication)

Email: _____

Due to the nature of the exercises taken by the students of dance school, parents are warned that children suffering from asthma, orthopedic injuries, or degenerative back complaints should seek the advice from an appropriate medical practitioner or specialist before enrolling a student in the dance school. All reasonable care will be taken for the welfare of the students; however, in the case of injury or accident, the school will assume no responsibility. In the event of a medical emergency, and where a parent cannot be contacted, I authorize Excelsior School of Dance to seek medical advice and treatment.

This agreement fully represents all terms and considerations and no other statements, conditions, or promises are made in conjunction with this release form. I give permission to *Excelsior School of Dance* to use, without charge and without reservation, my likeness in any medium and for any lawful purpose, including promoting the institution, its programs and services. I waive any rights of action I may have and release *Excelsior School of Dance* and its licensees from any and all claims I may have arising from use of my likeness, including any rights to sue for defamation or violation of my rights of privacy or publicity.

Signature: _____ Date: _____

Emergency Contact Name and Relation: _____ Emergency Contact #: _____

Camp Tuition: \$285.00 Per Camp (Deduct \$50.00 if paid in full by May 15th)
Registration Fee: \$10.00

Total Amount Due/Paid: \$ _____

Payment Method: Cash: \$ _____ Check #: _____ Total on Check: \$ _____