



EXCELSIOR SCHOOL of DANCE
AND PERFORMING ARTS

SUMMER DAY CAMP

We will have multiple dates depending on the number of interests we get.

Wednesday, June 10th & Wednesday, July 22nd

9:00am - 2:00pm

Ages 3-12 years

Looking for something fun to do this summer? Come dance, play games, make crafts and much more with us at our Summer Day Camp!
Bring your brother, sister, neighbor and friends with you!

Don't miss out on this exciting event! Please bring a labeled drink for your child or \$1.00 for a water bottle, a light snack, lunch, and be sure to have a filling breakfast.

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 #: _____

Parent Day Out Tuition: \$60.00 (first child) \$50.00 for each sibling (\$10.00 off if registered by May 20th)

Total Amount Due/Paid: \$ _____

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