

SWANSEA SCHOOL OF DANCE 2011

MARCH BREAK DANCE CAMP - MARCH 14 to 18, 2011

Name of student: _____
(First) (Last)

Name of parent/guardian: _____

Address: _____

e-mail: _____

Phone (home): _____ Phone (cell): _____

Emergency Contact: _____ Phone: _____

Birth date: _____
(DD/MM/YY)

Medical Concerns (allergies etc): _____

PLEASE READ BEFORE SIGNING

I hereby certify that my child is in good physical condition and able to participate in the Swansea School of Dance March Break Camp program fully. All current medical conditions and those requiring medication are outlined on this form or attached. I release the Swansea School of Dance and its teachers from liability in case of accident or injury howsoever caused. Swansea School of Dance reserves the right to place students in the most appropriate level depending on age and ability.

Swansea School of Dance has my permission to use photos of my child for the school's website (www.swanseaschoolofdance.com) and promotional material.

I understand and agree that no refund will be granted after the commencement of March Break Camp.

Signature of parent/guardian _____ Date _____

PLEASE ENCLOSE CHEQUE PAYABLE TO SWANSEA SCHOOL OF DANCE.

Check one:

____ Half Day Camp 9:00 am to 12:00pm Fee \$160.00

____ Full Day Camp 9:00am to 4:00pm Fee \$275.00

Office Use Only PD ____ Permission Form ____