



2017 Summer Camp Registration Form

Student Name	Age	Birth Date	School (if applicable)	Requested Camp Dates
				Circle on Back

Parent, Guardian, or Sponsor Information (Billing)

Name			Please denote the MAIN phone number by checking below:	
Street Address			<input type="checkbox"/> Home Phone	
City	State	Zip	<input type="checkbox"/> Work Phone	
Employment			Email	

Emergency Contacts

Name	Phone	Relationship
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Photo Release Clause:

I hereby authorize Variations Studio to publish the photographs taken of me and/or the minor children indicated on this form, and our names, for use in Variations studio printed publications and website.

I release Variations studio from any expectation of confidentiality for the indicated minor children and myself and attest that I am the parent or legal guardian of the children indicated on this form and that I have the authority to authorize Variations studio to use their photographs and names.

I acknowledge that since participation in the publications and websites produced by Variations studio is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by Variations studio confers no rights or ownership whatsoever. I release Variations studio, its staff, employees, faculty and affiliates from liability for any claims by or any third party in connect with my participation or the participation of the indicated minor children .

By signing below I also hereby acknowledge that I am aware that performances by Variations studio will be videotaped strictly for private home viewing only. By signing this form, I am releasing the registered student's image in order to participate within the performances choreographed and staged by the Variations staff/faculty and that photos of your child may also be used for marketing purposes.

Medical Clause:

I have read, understand and agree to abide by the policies of Variations. I hereby release, indemnify, and hold harmless Variations studio and their faculty from all liability or claims. I authorize the staff of Variations studio to give permission for medical treatment in the case of serious illness or injury.

Student Name	Please list ALL food ALLERGIES and SPECIAL NEEDS

I hereby acknowledge that all the above information is correct.

Parent, Guardian, or Sponsor Signature

Date Signed

1	VariationsStudio.com (334) 275-5013 Registration	FOR OFFICE USE ONLY: Method of Payment for Cash \$ _____ Check # _____
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Camp Title	Age	Date	Time	Total Cost per Participant
Princess & Plies	2 yrs	June 5 th – 9 th	9:00 – 9:45am	\$40
Princess & Plies	2 yrs	June 5 th – 9 th	10:00 – 10:45am	\$40
Princess & Plies	2 yrs	July 24 th -28 th	9:00 – 9:45am	\$40
Princess & Plies	2 yrs	July 24 th -28 th	10:00 -10:45am	\$40
Tutus & Tiaras Camp	3 - 4 yrs	June 5th – 9th	2:00-3:00pm	\$50
Tutus & Tiaras Camp	3-4yrs	July 24th – 28th	2:00-3:00pm	\$50
Twist & Shout Combo Camp	5 - 6 yrs	June5th – 9 th	3:00 – 4:00pm	\$50
Twist & Shout Combo Camp	5-6 yrs	July 24 th – 28 th	3:00 – 4:00pm	\$50
Beginner Level Dance Intensive	7 – 10 yrs	May 31 st – June 10 th	10:00am – 1:00pm	\$240 : 10 day pass \$150 : 5 day pass
Intermediate Level Dance	10 – 13 yrs	May 31 st – June 10 th	11:00am – 2:00pm	\$240 : 10 day pass \$150 : 5 day pass
Advanced Level Dance	13 – 18 yrs	May 31 st – June 10 th	1:00pm – 4:00pm	\$240 : 10 day pass \$150 : 5 day pass