



Summer 2011 CAMP PROGRAM

SESSION: 1 2 3 4 5

AGE GROUP	June 20-24	June 27-July 1	July 11-15	July 18-22	July 25-29	TIME	WEEKLY RATE
2 1/2 - 3 YR OLDS	Tutus & Tiaras	Princess Party	Tutus & Tiaras	Princess Party	Tumble Bugs	9:00 - 10:30a	\$90.00
SELECTION >>							
4 - 5 YR OLDS	Princess Party	Tutus & Tiaras	Tumble Tots	Dance Party	Hip Hop	9:00a - 12:00p	\$150.00
SELECTION >>							
6 - 12 YR OLDS	Dance Party	Beautiful Ballerinas	Rock Star Hip Hop	Broadway	Try-It-All	9:00a - 12:00p	\$150.00
SELECTION >>							

* MINIMUM NUMBER OF CAMPERS REQUIRED FOR EACH CAMP.

TOTAL PAID >>>>

**EARLY BIRD DISCOUNT: ENROLL BEFORE APRIL 4, 2011
TO RECEIVE 10% OFF WEEKLY CAMP RATE.**

Student Name: _____ Referred by: _____

Street Address: _____ Date of Birth: _____

City/State/Zip: _____ Age: _____

Home Phone: _____ Email Address: _____

Mother: _____ Mobile: _____ Work: _____

Father: _____ Mobile: _____ Work: _____

In Case of Emergency (other than parent):

Name: _____ Relationship: _____

Phone: _____

Terms of Camp Registration:

- 1) FULL PAYMENT (per your camp selection) is required for enrollment/confirmed spot.
- 2) If I withdraw my child from camp or in the event of a no-show, no refund will be given unless a verified medical reason is presented.
- 3) Permission is given for my child to participate in all camp activities.
- 4) Permission is given to CDC to authorize emergency medical treatment for my child as needed.
- 5) Permission is given to CDC to take photos/videos of my child to use for the studio website and promotional purposes.

WAIVER: I hereby register my child for the Carolina Dance Capital (CDC) Summer Camp program. I understand and agree to all terms and conditions expressed in this and all other documentation pertaining to the rules and policies of CDC. I realize that any physical activity has the potential for injury and I waive any claim of accidental and/or negligent tort damage against CDC and/or its principles, teachers, or assistants resulting from the activity. I acknowledge an assumption of risk by accepting and agreeing to allow my child to participate in the CDC Summer Camp program.

Signature: _____ Date: _____