

LOF Summer Dance Camp

Registration Date: _____

Registration Fee - \$0 Lof Student / Non-Lof Student \$15

Cost Per Week - \$130, 10% off before June 1st

Students Last Name

First Name

Age

Week Enrolling In:

- Pre-Teen Camp (age 9-13) week 1 Pre-Teen week 2
 Teen Camp (ages 14-18) week 1 Teen week 2
 Princess Camp (ages 5-8) week 1 only

Parents Names: _____

Home Address: _____

City, State, Zip: _____

Home Phone Number: _____

Email Address _____

Medical Information/Physical Handicaps (specify any injuries, handicaps and weakness):

Preferred Personal or Family Physician

Name *Number*

Emergency Contact

Name *Relationship* *Number*

I (we) the undersigned student, parent/legal guardian of a student of Leap of Faith for and in consideration of my enrollment or the enrollment of my child hereby voluntarily and knowingly execute this release with the expressed intention of effecting the extinguishments of and complete release from any and all claims, actions, demands or right to monetary judgment from any and all injury or physical harm which may arise from or be sustained as a result of my participation or the participation of my child and/or legal ward in the various programs of instructions, practice and physical activity associated with the study of dance and related activities conducted by Leap of Faith.

Executed this _____ day of _____ 2010

Student or Parent/Legal Guardian