

# KIDS SUMMER

# DANCE CAMPS

From July 09 - Aug 03 Ages 9-12

The dance camps are organized in a weekly basis. **ONE DAY** Dance Camps are on the first Monday of each week below, on the following dates: **JULY 09, JULY 16, JULY 23, JULY 30**. We believe that a true camp experience is a week-long experience, however, one day camp is an option we offer for new campers to try our FUNtastic dance camps, we allow extensions for the whole week if there is space in the camp classes. Have in mind that, we work with small groups, in a first come, first serve basis. And parents may not be able to extend if classes are full.

So we ask one day parents to extend classes ASAP.

**WEEK 1:** JUL 09 – JUL 13 – Waltz, Foxtrot, Salsa & Merengue

**WEEK 3:** JUL 23 – JUL 27 – Waltz, Foxtrot, Salsa & Merengue

**WEEK 2:** JUL 16 – JUL 20 – Tango, Viennese Waltz, Swing & Rumba

**WEEK 4:** JUL 30 – AUG 03 – Tango, Viennese Waltz, Swing & Rumba

**For Questions & More Information:**

<http://foreverdancing.com/summer-dance-camps-information-policies-procedures/>



# SUMMER CAMP REGISTRATION FORM

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

## Child's Information

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Phone #: \_\_\_\_\_ List Previous Child Care Centers / Schools: \_\_\_\_\_  
 School Attending: \_\_\_\_\_ School Phone #: \_\_\_\_\_ Grade: \_\_\_\_\_

## Parent(s)/Guardian(s) Information (Primary email addresses are to receive program updates – please make sure is legible)

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Parent/Guardian: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Primary E-Mail: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Business Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Primary E-Mail: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Business Address: \_\_\_\_\_

Person or agency having legal custody: \_\_\_\_\_  
 Address if different from above: \_\_\_\_\_

## Emergency Contact Information (Must list 2; 1 local and other than Parent(s)/Guardian(s) listed above)

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1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Authorized Pick up \_\_\_\_\_ Can only pick up in case of an Emergency \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Authorized Pick up \_\_\_\_\_ Can only pick up in case of an Emergency \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person(s) authorized to PICK-UP your child: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Person(s) authorized to PICK-UP your child: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Person(s) NOT authorized to PICK-UP your child: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Person(s) NOT authorized to PICK-UP your child: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please note: Appropriate paperwork, such as custody papers, must be attached if the custodial parent requests not to release the child to the other parent.**

**Medical Information** If the camper needs to administer medications during the day, emergency or routine, please complete a MEDICATION AUTHORIZATION FORM.

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Allergies or intolerance to food, medication, or any other substance:

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If an allergic reaction occurs, please list steps to relieve reaction:

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Chronic physical, Behavioral or Psychological problems, pertinent developmental information, any special accommodations needed:

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Does your child take medications or vitamins on doctor's orders? \_\_\_\_\_ Please specify:

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Child's Physician and Office Name \_\_\_\_\_:Physician's Phone:\_\_\_\_\_

**Emergency Medical Authorization:**

I give Forever Dancing Ballroom permission for my child to be transported by ambulance, or aid car to an emergency center for treatment. I authorize Forever Dancing Ballroom to obtain immediate medical care, and give consent to the hospitalization, and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies, and only when he/she cannot be reached. I understand that the provider will take every effort to contact me, and/or my designated emergency contacts. I/we will be responsible for payment of medical expenses. Medical treatment costs are covered by:

Medical Insurance Provider:\_\_\_\_\_Policy #:\_\_\_\_\_Other:\_\_\_\_\_

**Parental Agreements:**

- 1) Forever Dancing Ballroom agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested by Forever Dancing Ballroom.
- 2) The parent/guardian agrees to inform Forever Dancing Ballroom within 24 hours, or the next business day after his child or any members of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
- 3) I have read Forever Dancing Ballroom Summer Dance Camp fully and I am aware and agreeable to ALL information, policies and procedures in it.

**Cancellation Policy:** If fees have been paid and cancellation is made two weeks before the start of camp session, the balance will be returned less 10 processing/administrative fee. If fees have been paid out but cancellation is made less than two weeks before the start of the camp session the balance will be returned less 25% processing/administrative fee. Withdrawals and or, cancellations for any reasons, including medical emergencies, after the first attendance, will be charged 25% processing administrative fee, plus \$100 per attended day.

All information on this form is true and complete to the best of my knowledge. I understand and agree to the Emergency Medical Authorization and the three Parental Agreements, and cancelation policy outlined above.

Parent/Guardian Name: \_\_\_\_\_Signature: \_\_\_\_\_Date: \_\_\_\_\_



## FOREVER DANCING BALLROOM (FDB) PARTICIPANT WAIVER FORM ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating at FDB's programs, events, classes, summer camps, etc, which may result from unavoidable accidents or injuries caused by the participation on such physical activities.

I understand that Forever Dancing Ballroom, and its staff assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, or any other activities, classes, events, or programs at and/or sponsored by FDB.

I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at Forever Dancing Ballroom.

I also acknowledge that Forever Dancing Ballroom often uses printed and digital media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such media.

### RELEASE

In consideration of Forever Dancing Ballroom allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at Forever Dancing Ballroom and/or sponsored by Forever Dancing Ballroom, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge Forever Dancing Ballroom and its staff, including employees, contractors, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of Forever Dancing Ballroom and its employees, agents, or representatives or from some other cause. My agreement to release Forever Dancing Ballroom does not include any loss, damage or injury that results from Forever Dancing Ballroom gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve any media usage of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge Forever Dancing Ballroom and its staff, including employees, contractors, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

### INDEMNIFICATION

I hereby represent and warrant to Forever Dancing Ballroom that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against Forever Dancing Ballroom arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend Forever Dancing Ballroom from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of Forever Dancing Ballroom or from some other cause.

### ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name(s) and Age(s) of Participant(s) under the Age of 18, If Any \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# SUMMER DANCE CAMP SELECTION & PAYMENT

“DANCING WITH FOREVER DANCING STARS” Summer Dance Camps - Monday To Friday from 9AM to 4PM

1 Day Camps are on the first Monday of each week below, extensions are subject to space in class. JUL 09, JUL 16, JUL 23, JUL 30

**WEEK 1:** JUL 09 – JUL 13 – Waltz, Foxtrot, Salsa & Merengue

**WEEK 2:** JUL 16 – JUL 20 – Tango, Viennese Waltz, Swing & Rumba

**CIRCLE/SELECT the method of payment below:**

Cash Check AMEX MC VISA DISC Total Amount \$ \_\_\_\_\_

Information for Processing Credit Card.

Name as it appears on card: \_\_\_\_\_

Billing Address of Cardholder: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Your Card information for payment processing can only be submitted by phone, in person, or online. (You can pay online at ForeverDancing.com)

**WEEK 3:** JUL 23 – JUL 27 – Waltz, Foxtrot, Salsa & Merengue

**WEEK 4:** JUL 30 – AUG 03 – Tango, Viennese Waltz, Swing & Rumba

Abbreviation Week-**WK**, Child(ren)- **CH**

\*Family Discount (2 or more kids) 15% OFF. \*\*Multiple week (2 or more weeks) discount 20% OFF.

Price Per Camper			
1 kid in family	2 or more kids *		CIRCLE/SELECT Camp Date (s)
1 DAY \$100/CH	DAY \$85/CH		JUL 09, JUL 16, JUL 23, JUL 30
1 WK \$450/CH	1 WK \$383/CH		WK 1, WK 2, WK 3, WK 4
2 WK** \$720/CH	2 WK** \$612/CH		WK 1, WK 2, WK 3, WK 4

**Make the selection for your child(ren)/ ward(s) below, If you have a gift certificate, a credit, promotional discount or other please adjust the price accordingly:**

Dance Camper 1	Age	Starting Date	Ending Date	Price	Notes (for administration)
Extension					
Dance Camper 2	Age	Starting Date	Ending Date	Price	Notes (for administration)
Extension					
Dance Camper 3	Age	Starting Date	Ending Date	Price	Notes (for administration)
Extension					
<b>Total number of campers in family:</b>			<b>TOTAL</b>		

**PLEASE COMPLETE PAYMENT AUTHORIZATION BELOW**

I authorize Forever Dancing Ballroom to charge my credit card for dance camp payments and fees. I understand that I must provide written notice of cancellation. If at any time there is to be a change, deletion, or cancellation of my child’s camp enrollment, it is to be submitted in writing to Forever Dancing Ballroom, 5818 Seminary Rd, Falls Church, VA, 22041, suite B, or by email to [receptionist@ForeverDancing.com](mailto:receptionist@ForeverDancing.com). I understand that cancellations more than two weeks in advance will be charged a 10% processing administrative fee; cancellations less than two weeks in advance will be charged a 25% processing administrative fee, and withdrawals and or, cancellations for any reasons, including medical emergencies, after the first attendance will be charged 25% processing administrative fee, plus \$100 per attended day.

By signing below, I give Forever Dancing Ballroom permission to charge my credit/debit card on file,

Print Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_ . Updated Contact Information \_\_\_\_\_.