



2017 SUMMER PROGRAM REGISTRATION

SUMMER DANCE CAMPS FOR CHILDREN WITH SHELBY MEANEY AND KATE MCGOWAN

Cost \$157.50 including GST Per Week

Age 3-6 years

MONDAY - FRIDAY 10:00-12:00

Age 7-9 years

MONDAY - FRIDAY 10:00-12:00

WEEK 1 (July 10 - 14) – *Nature Nuts*

WEEK 2 (July 17 - 21) – *Magic & Mystery*

WEEK 3 (August 14 - 18) – *Circus Time*

WEEK 4 (August 21 - 25) – *Jungle & Sea*

MUSICAL THEATRE & ACTING CAMP WITH SHELBY MEANEY AND JENNIFER JOHNSON

Cost \$288.75 including GST per 2 Week Session

WEEK 1 July 10 – 21 (Age 7-11 years) MONDAY - FRIDAY 12:30 - 2:30

WEEK 2 August 14-25 (Age 7-11 years) MONDAY - FRIDAY 12:30 - 2:30

ADULT CLASSES WITH SHELBY RICHARDSON AND JENNIFER JOHNSON (MINIMUM 6 DANCERS FOR THE CLASSES TO RUN)

Cost \$52.50 including GST Per Week

Modern/ Contemp Thursdays, July 6, 13, 21, 27

Jazz Tuesdays, July 4, 10, 18, 25

- Family Discount 10%
- Register for Multiple Programs and Save 10%

DANCER INFORMATION

Name of Dancer: _____ Billing ID # _____

Birth Date: _____ Age: _____ Female: _____ Male: _____

Parent/Guardian's Name: _____

Email: _____

Phone: _____ Cell: _____ How did you hear about this class? _____

PAYMENT INFORMATION

Credit Card # _____ Expiry _____ V Code _____

Amount Payable: _____ Signature: _____

Program/Injury/Photo Release Waiver

I, _____ understand that participation in, and the movements involved with a dance program, carries with it a risk of injury. Therefore, I hereby waive and release Enchainement Productions Inc., operating as Judy Russell's Enchainement Dance Centre (hereafter referred to as Judy Russell's Enchainement Dance Centre), from any and all liability for any injuries or illness incurred while at Judy Russell's Enchainement Dance Centre, whether dance related or not. Judy Russell and instructors will not be held liable for any medical expenses incurred while my child(ren)/myself _____ is (are) at Judy Russell's Enchainement Dance Centre.

I hereby authorize Judy Russell's Enchainement Dance Centre to act for me in any emergency requiring medical attention. In lieu of medical certificate signed by a medical physician, I have no knowledge of any physical or mental impairment that would be affected by my/ my child's participation in the dance program.

I grant to Judy Russell's Enchainement Dance Centre, its representatives and employees, the right to take photographs and videos of my child(ren)/myself in connection with my activities through the dance school. I authorize Judy Russell's Enchainement Dance Centre, its assign and transferees, to copyright, use, or publish the same in print and/or electronically.

I agree that Judy Russell's Enchainement Dance Centre may use such photographs and/or videos of me or my child(ren) with or without my name for any lawful purpose, including for example such purpose as publicity, illustration, advertising, and web content for www.judyruddance.com.

Parent/Guardian/Dancer Signature _____ Date _____