

western Arkansas
BALLET
Summer Dance Camps



2017

REGISTER NOW

Please complete the registration form below and medical release and return with your tuition by Monday, June 5, 2017 to:

**Western Arkansas Ballet
Summer Camp 2017
4701 Grand Ave
Fort Smith, AR 72904**

Dancer's Name (please print): _____

Age: _____ Birth Date: ____ / ____ / ____ Gender (circle one): M / F

Parent/Guardian's Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Circle the camp that your child will be attending
Please complete a separate registration form for each dancer.

Cinderella Ballet Camp-\$75

June 12-16
10:00 a.m. - 12:00 p.m.
Ages 4-6

Copellia Ballet Camp-\$85

June 12-16
1:00 p.m. - 3:30 p.m.
Ages 7-9

Pre-Company Camp-\$150

June 12-16
10:30 a.m. - 2:30 p.m.
Ages 10-14

Hip Hop Camp-\$75

June 12-16
2:45 p.m. - 4:00 p.m.
Ages 9 & Up

Classes will be filled in the order in which registrations are received. We will accept students up to the Friday before the session begins as space is available or until the registration deadline.

Medical Release on the back

Financial-need scholarships are available through the Nancy Wood Scholarship Fund or the Ray Moore Scholarship Fund. Call 785-0152 for scholarship information.

Dance Camp 2017

Medical Information and Release Agreement Form

Name: _____

Age: _____ Birth date: ____/____/____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Doctor's Name: _____ Doctor's Phone: _____

Hospital: _____ Hospital Phone: _____

Insurance Company: _____ Insurance Phone: _____

Policy Number: _____

In case of an emergency, I give Western Arkansas Ballet permission to seek medical help for

Dancer's Name (please print)

Parent/Guardian's Signature

Date

Does your child have any allergies? Yes _____ No _____

If yes, explain: _____

Does your child have any current injuries preventing 100% participation? Yes _____ No _____

If yes, explain: _____

My child has permission to take: Aspirin _____ Tylenol _____ Advil _____ Other _____

In case of emergency call:

Name: _____ Phone: _____

Name: _____ Phone: _____

The undersigned has adequate health and medical insurance coverage and will not look to Western Arkansas Ballet in any way whatsoever for any damage, injury, or claim which might arise out of his/her participation in dance activities.

Dancer's Name (Please Print)

Parent/Guardian's Signature

Date