

western Arkansas
BALLET
Summer Dance Camps



2019

REGISTER NOW

Please complete the registration form below and medical release and return with your tuition by Wednesday, May 29, 2019 to:

**Western Arkansas Ballet
Summer Camp 2019
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.

<u>The Nutcracker Ballet Camp-\$75</u>	<u>Coppelia-\$85</u>	<u>Hip Hop Workshop-\$75*</u>	<u>Pre-Company Camp-\$150*</u>
June 10-14	June 10-14	June 10-14	June 10-14
1:30 p.m. - 3:30 p.m.	10:00 a.m. - 12:30 p.m.	2:30 p.m. - 4:00 p.m.	10:00 a.m. - 2:00 p.m.
Ages 4-6	Ages 7-9	Ages 8 & up	Ages 10-14

Classes will be filled in the order in which registrations are received. We will accept students up to the registration deadline, Wednesday, March 29.

*Register for Pre-Company Camp and Hip Hop Workshop o Coppelia and Hip Hop together and receive a 10% discount.

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 2019

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: _____

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. 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