



2024 SUMMER CAMP REGISTRATION FORM

Student's First Name _____ Student's Last Name _____ Date of Birth _____

Parent 1 Full Name _____ Parent 2 Full Name _____ Preferred EMail Address _____

Address _____ City _____ State _____ Zip Code _____

Cell Phone Number Parent 1 _____ Cell Phone Number Parent 2 _____ Emergency Contact Name/Number _____

Does the student have any disabilities / allergies? _____

Method of Payment: Visa MasterCard AmEx Card on File

Card Number _____ Expiration Date _____ Security Code _____

Card Holder's Name _____

I hereby authorize M.I.A. DANCE FACTORY to charge my account.

X _____

- JUNE 10 - 14
- JUNE 17 - 21
- JUNE 24 - 28
- JULY 1 - 5
- JULY 8 - 12
- JULY 15 - 19
- JULY 22 - 26
- JULY 29 - AUGUST 2
- AUGUST 5 - 9

WEEKLY RATE: \$300
ADDITIONAL SIBLING: \$270/WEEK
DAILY RATE (MONDAY - THURS): \$75/DAY | FUN FRIDAYS: \$100
MONTHLY RATE: 10% OFF

DAILY (LIST EXACT DAYS): _____

It is understood that there will be no refunds of tuition or any student fees in the event of absence or withdrawal of any student for any reason whatsoever.

Pick-Up:

Camp ends at 3:00PM. All students must be picked up by no later than 3:00PM. If pick-up is made any time after 3:00PM without enrollment in aftercare, there will be a \$30 late pick-up fee.

Attire:

Dance attire such as leotards, sports bras/tops, leggings, tights, and fitted sports shorts strongly preferred.

Injuries:

Parents, legal guardians of minor students and adult students waive the right to any legal action for any injury sustained on school property resulting from normal dance activity or any other activity conducted by the students before, during or after class time.

Photo Release:

The school is hereby granted permission to take photographs of the students to use in brochures, web sites, posters, advertisements and other promotional materials the school creates. Permission is also hereby granted for the school to copyright such photographs in its name.

By signing this form, I have read and understand the above policies and procedures and agree to abide by them.

Students Name (please print) _____ Signature of Parent or Guardian _____ Date _____