

Summer Dance Camp Registration Form 2019

Parent 1 _____

Home# _____ Cell# _____ Emergency# _____

Parent 2 _____

Home# _____ Cell _____ Emergency# _____

Address _____ Zip _____

e-mail address print clearly :

1. Student First Name _____ Last _____ DOB __/__/____
Age _____

T-Shirt size _____

2. Student First Name _____ Last _____ DOB __/__/____
Age _____

T-Shirt size _____

Any medical problems or allergies we should be aware

of _____

CAMP non refundable Registration & Supply: \$ 45.00pp/70.00 per family must be turned in with this form. Please make checks payable to Spivak Enterprises

June 17-June 28_____

July 8-July 19_____

July 22-August 2_____

Please Read and Sign:

We, the parents of _____, fully understand the risks involved in acrobatics, tumbling, gymnastics, dance, and exercise programs and will not hold Spivak Enterprises, Inc, Mark Spivak's Institute of Fine Arts, Dance Extension, & Tumbling Kids owners and its faculty responsible for accident or injury jointly and separately, from all personal injury claims arising through or from participation in activities as a student of Mark Spivak's Institute or Dance Extension &/or Tumbling Kids in or upon the promises of the named above studios/schools.

I, _____ agree to pay the fee for myself or my child's classes on the first class. If for any reason my check for classes should be returned to Mark Spivak's Institute I agree to pay a \$ 20.00 returned check fee.

I here by certify that I have read, understand and acknowledge the payment agreement and the rules and regulations of Mark Spivak's Institute and Dance Extension.

Parent signature _____

Date _____