



2019 Spotlight Dance Center Performing Arts Camp Application

Date _____

Child's Name _____ Male/Female
Last First

Address _____ City _____ Zip Code _____

Home Phone # (____) ____ - _____ Cell Phone # (____) ____ - _____

E-Mail _____ Birth date ____/____/____

Mother's Name _____ Phone # (____) ____ - _____

Father's Name _____ Phone # (____) ____ - _____

Emergency Contact _____ Phone # (____) ____ - _____

CAMP OPTIONS (Please check below)

CAMP PRICES (Please check below)

Week #1 (July 29th – August 2nd)

1 Week - \$250

Week #2 (August 5th – August 9th)

2 Weeks - \$500

Week #3 (August 12th – August 16th)

3 Weeks - \$750

Week #4 (August 19th – August 23rd)

4 Weeks - \$980

Week #5 (August 26th – August 30th)

5 Weeks - \$1,200

Please complete form for each child and return with your non-refundable \$200 deposit to:

Spotlight Dance Center, 27 Dukes Way, Feasterville, PA 19053.

TERMS OF AGREEMENT

A \$200.00 non-refundable deposit is due at time of registration. Registration and class assignments are at the discretion of the director. Families requesting payment plans MUST submit a credit card number that can be debited each month until payments are complete. Enrollment is not complete until payment plan and credit card is received. No reduction or allowance will be made for any interruption in camp season unless approved by the director.

I/We have read and understand the above terms of agreement. I/We agree to the terms of agreement

Parent's Signature _____ Date _____



Medical Authorization Performing Arts Camp

Date _____

Child's Name _____ Male/Female
Last First

Address _____ City _____ Zip Code _____

Home Phone # (____) ____ - _____ Cell Phone #(____) ____ - _____

E-Mail _____ Birth date ____/____/____

Mother's Name _____ Phone #(____) ____ - _____

Father's Name _____ Phone #(____) ____ - _____

Child Lives With: Both Parents _____ Mother _____ Father _____ Other _____

IN AN EMERGENCY, IF PARENT IS NOT AVAILABLE, PLEASE CONTACT:

Name _____ Relationship to Child _____ Phone #(____) ____ - _____

Name of Family Physician _____ Phone #(____) ____ - _____

Known allergies: _____

MEDICAL AUTHORIZATION

In the events my/our child(ren) shall necessitate medical attention by any health care professional, health care center, hospital, emergency medical center or trauma center. I/We understand that every effort shall be made to contact me/us. If I/We cannot be reached at the time that said emergency arises, I/We hereby direct that the Spotlight Dance Center director or any other individual serving in that capacity at the time of said emergency shall have the discretion to seek whatever medical attention is necessitated by the emergency including, but not limited to emergency treatment, injections, anesthesia, surgery, prescription drugs, emergency transport to a health center or hospital and to a hospital or any other medical facility. I/We hereby release Spotlight Dance Center and all of its directors, officers, agents, employees, and/or servants from any liability whatsoever which might arise from any treatment, act or omission by any medical personnel or institutions involved in said medical treatment or emergency medical transport. I/We further release Spotlight Dance Center and all of its directors, officers, agents, employees and/or servants from any liability whatsoever which might incur from its selection of medical personnel and/or medical institutions and/or medical transport agencies. I/We further understand that Spotlight Dance Center, its directors, officers, agents, employees and/or servants shall not be under any obligation whatsoever to supervise the emergency medical treatment of emergency transportation.

SIGNATURE _____ DATE _____



Dear Parents:

During summer camp our public relations and advertising department enjoys coming to the camp and photographing our students. On many occasions these photographs are used in various advertisements for Spotlight DanceCenter.

We would like permission from the parents before we would allow photographs to be taken of your child(ren).

Please fill out the bottom portion and return with your enrollment application.

Thank you,
Steven Mesh
Artistic Director
Spotlight Dance Center



____ Yes, I give permission for my child _____ to be
photographed and used for advertising purposes.

____ No, I do not give permission for my child _____ to be
photographed and used for advertising purposes.

Parent's Signature

Date