



# Fairy Tale Camp Registration Form – 7/29/24 to 8/2/24

## Student Information

Date \_\_\_\_\_

Dancer's Name \_\_\_\_\_ Male Female

First Last

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

First Last

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

First Last

## Dance Training (Indicate how many years)

Ballet Technique \_\_\_\_\_ Pointe \_\_\_\_\_ Modern \_\_\_\_\_ Other \_\_\_\_\_

Dance School/Company \_\_\_\_\_

## In Case of an Emergency

In an emergency when parent/guardian cannot be reached please contact: Food Allergies if any \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

First Last

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Food Allergies if any** \_\_\_\_\_

## Registration and applicable non-refundable registration fees

**Fairy Tale Camp – July 29nd thru August 2nd (Ages 3 to 8 Years)**

**Daily Classes Monday thru Friday: 9:15 am to 12:15 pm**

**\$300 for 1<sup>st</sup> Child – 10% Family discount for 2<sup>nd</sup> Child**

Signature \_\_\_\_\_

Student Applicant (if over 18 years of age or Parent or Legal Guardian if student is under 18 years of age)

MAIL COMPLETED REGISTRATION & FEES (if applicable) TO: V&T DANCE 23601 Ridge Route Dr, Ste A, Laguna Hills, CA 92653



## Emergency Medical Release & Liability Waiver

**THIS EMERGENCY MEDICAL RELEASE & LIABILITY WAIVER MUST BE COMPLETED BEFORE A DANCER CAN PARTICIPATE IN ANY CLASS.**

I, the undersigned the dancer or parent/guardian of the above listed dancer (if dancer is under the age of 18) acknowledge and fully understand that each dancer will be engaging in activities that involve risk of injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the routine of the training, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Victor & Tatiana, Victor & Tatiana Dance Academy, its directors, instructors, managers, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of business premises used to conduct event, all of which are hereinafter referred to as 'releases', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the dancer as a result of the dancer's participation in the academy programs.

Each dancer should be in good physical condition and has been found physically capable of participating in the dance academy programs. In case of emergency, I hereby give my consent to have V&T Dance to contact 911 for necessary medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releases because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releases.

I have read the above waiver/release and I have signed this medical release and liability waiver form voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from Victor & Tatiana Dance Academy will cause the dancer to be removed from the Program.

Dancer's Name \_\_\_\_\_

Student/Parent/Guardians Signature\* \_\_\_\_\_

Date \_\_\_\_\_

\*Must be signed by parent or legal guardian if student is under the age of 18



23601 Ridge Route Drive, Ste A  
Laguna Hills, CA 92653

## Media Recording/Usage Release: V & T Dance

I hereby give my consent for the image and likeness of \_\_\_\_\_ to be videotaped, audiotaped, or photographed for the following uses:

- Educational/Instructional media • Recruitment/Outreach media
- Development media • Newsworthy media documentation

I further authorize V & T Dance to use this electronic media and/or photographs in any manner-whole, or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production of educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of V & T Dance.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release V & T Dance and its component parts from all liability which could result from its use.

Participant's Name -----

Address -----

Telephone Number -----

Participant's Signature -----

(if over the age of 18)

A parent or guardian must sign this form if the participant is a minor or if the participant is hindered by mental or physical challenges.

Parent/Guardian's Name -----

Parent/Guardian Signature -----