

ESCUELITA DANCE

BILINGUAL ARTS CAMP

2010

Registration Form

Please circle one:

June 7-11 Dr. Seuss

June 14-18 Mother Goose

July 5-9 Bug's Life

July 12-16 Sea Creatures

August 2-6 Viva Mexico

8 wk Camp Montessori June 7- July 30

Student Name: _____ Age: _____ Birthday: _____

Parent Name: _____ Email: _____

Address: _____

Phone (hm/wk/cell): _____

Payment:

Checks (payable to Escuelita Dance)

Early Reg. \$175. per session (before April 1st) # of weeks _____ Amount Due _____

Regular Reg. \$200. per session # of weeks _____ Amount Due _____

Camp Montessori 8 wk session Circle One:

2 days/wk \$500. 3 days/wk \$700. 5 days/wk \$1125 . # of days /wk _____ Amount Due _____

Child Medical/Photo Release For Summer Camps

This form is to authorize Escuelita Dance., their agents, representatives and employees to obtain emergency medical assistance and to provide transportation for the child herein below names, and to release Escuelita Dance from liability for injuries to children while on the school premises or otherwise in the care of the program staff members, such as in transporting the children.

In the event that I/we cannot make arrangements for emergency medical attention at the time of the illness or accident of my child, I hereby authorize any agent, representative or employee of Escuelita Dance to take my child to: Dr. _____ Phone _____
Address _____ Or to _____

Hospital, where medication or medical procedures they may deem necessary for my child's well being will be administered. The undersigned further agrees to be financially responsible for all such medical services, including the cost of defense and enforcement of this indemnity agreement. I further understand and agree that Escuelita Dance, its agents, representatives, or employees may administer simple first aid in the event of minor injuries, and family members or doctors will be called when in the discretion of the School personnel, if it is deemed necessary.

I/we represent that I am parent/guardian of _____ and am fully responsible for the care and well being of the child. I agree that Escuelita Dance shall not be liable for

any damages, claims or compensation of whatever nature (including liabilities for negligence, strict liability, or otherwise) that may arise to me or for my benefit, in the name of or for the benefit of the child, or in the name of or for the benefit of any other person as a result of personal injury to the child named above while the child is on the premises of the School or otherwise in the care of Escuelita Dance personnel, including any such injuries sustained while the child is being transported as herein authorized, and hereby agree to indemnify and hold harmless Escuelita Dance, its agents, employees or servants, whether paid or volunteer, against any and all claims which may arise from any injury to said child while participating in or being transported to programs of the school. Provided, however, Escuelita Dance shall be liable for injuries resulting from gross negligence of Escuelita Dance, its agents, representatives or employees, or injuries intentionally inflicted by Escuelita Dance, its agents, representatives or employees.

I/We acknowledge that my child may be video taped or photographed for education, performance or advertising purposes.

I have read the foregoing and agree with it in all respects. Signed this _____ day of _____, 2010.

Signature _____

Mail To:
Escuelita Dance
2302 Western Trails Blvd
Austin TX, 78745