

LEGACY OF DANCE ACADEMY

Instructing Excellence in Dance Since 1993



2024 SUMMER CAMP REGISTRATION FORM

Student Information

Students First Name		Last Name	
Age	School Grade(in September)	Date of Birth (dd/mm/yyyy) / /	
Address		Apt #	City
Postal Code		Home Tel #	

Parent Information

Mother's Name		Father's Name	
Work Tel # ()	Cell # ()	Work Tel # ()	Cell # ()
Email		Email	

Emergency Information

Emergency Contact (other than parents)	Relation to Child	Tel #
Any Medical Conditions? Yes / No		
If yes, please specify:		

Newcomers

Camp Week(s)

Where did you hear about the Legacy of Dance Academy? <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> TV <input type="checkbox"/> Online <input type="checkbox"/> Friend -Name of friend _____	Which week(s) of camp is being registered for? <input type="checkbox"/> July 8– 12 (wk 1) <input type="checkbox"/> July 15– 19 (wk 2) <input type="checkbox"/> August 12– 16(wk 3) <input type="checkbox"/> August 19– 23(wk 4) <input type="checkbox"/> Before/after care required times _____
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PAYMENT

Payment Method Amount Date Receipt #	Payment Method Amount Date Receipt	Payment Method Amount Date Receipt #	Payment Method Amount Date Receipt #
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LEGACY OF DANCE ACADEMY RESERVES THE RIGHT TO MODIFY/CANCEL CAMP ONLY IN THAT CASE REFUND/CREDIT WILL BE APPLIED. NO REFUND WILL BE ISSUED IF CANCELED BY APPLICANT.

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LEGACY OF DANCE ACADEMY- WAIVER AND RELEASE

To: Legacy of Dance Academy (the "School")

For good and valuable consideration, receipt of which I acknowledge, I hereby waive all claims of injury, damage or loss to my person and property during my training and participation of activities at the school and release the principals, teachers, employees of the school from all actions, causes of actions and liabilities for such injury, loss, damage arising from any cause whatsoever and whether or not occasioned, wholly or in part, by an act or omission of the school, it's principals, teachers, employees, agents or other persons for whom it is responsible.

I will indemnify and save the school harmless from and against any all liabilities, claims, losses, or expenses related to the aforesaid injury, loss or damage. In the event the school shall be made a party to any litigation thereto, I shall protect and hold the school harmless and shall pay all expenses and reasonable legal fees incurred by the school in connection with such litigation. I agree to wave any and all claims that I may have in the future against Legacy of Dance Academy. I agree to release Legacy of Dance Academy and Others from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory care. I agree to hold harmless and identify Legacy of Dance Academy from any and all liability for damage to property of, or personal injury to, any third part, resulting from participation of this activity. I agree that this agreement is binding on not only myself, but also my next of kin, heirs, executors, administrators and assigns.

I also understand that Legacy of Dance Academy has the right to refuse and/or terminate my participation and/or observation in any of their camp activities at any time and without prior notice of causes. I also understand and agree not to take any photos, voice recordings or videos at Legacy of Dance Academy under any circumstances without prior consent from Legacy of Dance Academy. Photographs, taping, recordings or filming of participants taken by any school staff members shall become property of Legacy of Dance Academy and may be used publicity, promotional or other purposes at the sole discretion of the school.

I hereby agree and covenant not to disclose or use for performances any choreography or choreographic arrangements may have acquired, learned or developed from or at the school unless prior written consent has been obtained from the school pertaining to such disclosure or use. I warrant that the participant named on this form is physically able to participate in all dance forms provided by Legacy of Dance Academy. I declare that I have accurately disclosed all information regarding physical, emotional and or mental conditions affecting the named participant and acknowledge that Legacy of Dance Academy and Others to use in the delivery of dance program may use this information. I understand that Legacy of Dance Academy has tried to create a safe and controlled environment for participation and that the studio has established rules for participation and about the lobby, lunchroom/party room and classroom studios that must be followed by the participant at Legacy of dance Academy. I hereby give permission for emergency medical treatment to be administered to the named participant.

In the event that Covid-19 Government policies come into effect, I agree to follow all guidelines set in place by Legacy of Dance Academy.

I _____ HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT KIND, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSINGS MAY HAVE AGAINST LEGACY OF DANCE ACADEMY AND OTHERS.

Signature of Parent/Guardian (18+)

DATE