***KICK IT OUT!, LLC SUMMER CAMP 2014 REGISTRATION FORM -*** One form per student please!

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Princess Dance Party ages 2 – 3***

***$25.00 per student***

July 21st & 23rd **from** **10:30 AM – 12:00 PM**

 **Students may wear their favorite princess attire to class where they will learn some fun dance moves, watch a video, have a snack and enjoy craft making time.**

***Pom & Jazz Dance camp ages 7 – 11***

***$40.00 per student***

July 22nd ,  23rd & 24th **from 12:30 PM – 2:30 PM**

**Students will learn basic dance steps, make crafts, play bonding games, watch videos and have a snack each day. Students may wear their favorite dance attire to class and they will learn a short dance combination to show on the last day of camp!**

***Princess Dance Party ages 4 – 6***

 ***$40.00 per student***

July 22nd ,  23rd & 24th from **3:30 PM – 5:30 PM**

**Students will learn basic dance steps, make crafts, play a game, watch videos and have a snack each day. Students may wear their favorite princess dance attire to class and they will learn a short dance combination to show on the last day of camp!**

**Dance instruction, crafts, videos and snacks will be provided for students each day. Parents may stay on premises if they wish.**

**Kick It Out! Will have two instructors present per 10 students.**

**Registration must be received and paid in full by July 17, 2014. Note: $10.00 sibling discount per student.**

**Discount Example: $40.00 first student 3 day camp, second student $30.00 for three day camp.**

SUMMER CAMP DESIRED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***GRAND TOTAL SUMMER CAMP REGISTRATION FEES DUE***: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment methods accepted are cash, credit card and checks payable to Kick It Out! Clinic fees are due upon registration; one studio welcome gift per registered/paid student. Student must be registered five business days prior to camp date.

Camp max is 10 students per camp class so register early for your spot! Schedule is subject to change at director's discretion. Enrollment to camp is taken in order of receipt, classes may be combined if necessary. FEES ONCE PAID TO KICK IT OUT!, LLC ARE NON-REFUNDABLE/NON-TRANSFERRABLE AT ANY TIME! A Kick It Out!, LLC Release and Waiver of Liabilities must be filled out, signed and returned before student is able to participate in any Kick It Out, LLC camp or class! Please e-mail kickitout@att.net for additional forms.

IN THE EVENT CAMP IS CANCELED AT DIRECTOR DISCRETION, STUDENTS WILL RECEIVE NOTIFICATION OF MAKE-UP TIME/DATE AND IF SUCH IS NOT POSSIBLE FEE PAID IN ADVANCE WILL BE REFUNDED IN FORM IT WAS PAID AT DIRECTOR’S DISCRETION. Kick It Out!, LLC reserves the right to refuse enrollment or services to anyone at any time for any reason.

PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IF 18 YEARS OF AGE PLEASE SIGN FOR YOURSELF)

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Kick It Out!, LLC Release and Waiver of Liabilities**

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Indicated in the space below are any pre-existing health problems or conditions suffered by my child of which Kick It Out!, LLC should be aware (such as medical, allergy, muscular issues, pregnancy, diabetes, epilepsy, chemical or neurological conditions, special medications, heart, back, knee or shoulder problems, etc.). I understand that risk of injury is inherent in any physical activity and I, on behalf of myself and or my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself and my heirs, administrators, successors, assigns and executors hereby waive, release and indemnify Kick It Out!, LLC along with its directors, instructors, independent contractors, staff and agents from any and all claims or damages of any kind, both foreseeable and unforeseeable, arising out of my child’s participation in any program or event offered by Kick It Out!, LLC. This shall include, but not be limited to, participation in any classes, competitions, evaluations and travel to any events, competitions or classes held by Kick It Out!, LLC. I further certify that the aforementioned student is in proper physical condition to participate in any program offered by Kick It Out!, LLC and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in any program offered by Kick It Out!, LLC. I hereby authorize Kick It Out!, LLC and its directors, instructors, independent contractors or agents to obtain medical treatment for my child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services as may be necessary for my child. I understand I am responsible for any medical expenses in the absence of adequate medical insurance and that the absence of medical insurance does not make Kick It Out!, LLC responsible for payment of any medical expenses whatsoever related to my child. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a limited power of attorney and shall remain in effect for one year from the date signed below or so long as my child is enrolled in any program offered by Kick It Out!, LLC.

I hereby give permission for Kick It Out!, LLC to use any photography and or video of my child/children from events held within the studio or at functions hosted offsite by the studio for promotional and /or advertising purposes, including picture postings on the internet and social media. I have read and understand all rules and regulations of Kick It Out!, LLC and hereby assume all responsibility of said student or participant.

PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(If student is 18 years of age or older please sign and print name on form for self)***

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS SIGNATURE (Must be 18 years of age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY INFORMATION:

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company and Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to medications and medications currently taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Health Information or Pre-Existing Conditions including Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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