

Backstage Dance Studio • Gymnastics East • Action Cheer 3 in 1 All Day Camp Registration Form

Registration at Backstage Dance Studio ONLY

Phone: 425.747.5070 Fax: 425.747.8274 Address: 13420 SE 32nd St., Bellevue, WA 98005

Payment in full or credit card number is required at time of registration to hold your spot.

Your credit card will be charged, or your check will be cashed, approximately 30 days prior to camp start date.

Student First Name		Last Name	
Street Address			
City		State	Zip Code
Home Phone		E-mail	
Birth Date		Previous Dance Experience	
Allergies, Injuries or Medical Conditions?			
Parent 1		Home Phone	Cell/Work Phone
Parent 2		Home Phone	Cell/Work Phone
Emergency Contact			Phone
Please Select a Session	July 12 th – 15 th	July 26 th – 29 th	August 16 th – 19 th
Early Bird / Regular Price (Circle One)	\$333 / \$360	\$333 / \$360	\$333 / \$360
	Early Bird Due By 5/31/10	Early Bird Due By 6/14/10	Early Bird Due By 7/5/10
Please Select a T-Shirt Size	Youth Small	Youth Medium	Youth Large / Adult Small
Visa/Mastercard Number		Expiration Date	Cardholder Signature

Waiver & Release General: In consideration of allowing the below named student to enroll in a gymnastics, dance and cheerleading school program and the use by the students of the premises and the property of said school, the undersigned, being the legal and acting guardians of the student, acting for themselves and on behalf of the student, release and hold harmless Gymnastics East Inc., Backstage Dance, and Action Athletics Inc., their owners, officers and employees of and for any and all liability, claims, actions and causes of actions whatsoever, arising out of or relating to any loss, damage or injury that may be sustained by the student while in, on, or upon the premises of Gymnastics East Inc., Backstage Dance, or Action Athletics Inc.

Medical Attention: The undersigned, being duly aware of the risks and hazards inherent upon participation in the classes, activities, and events being conducted by Gymnastics East Inc., Backstage Dance & Action Athletics Inc., acting for themselves and the student, hereby elect voluntarily to enter upon said premises under the control of said corporations, knowing their present condition. The undersigned acting for themselves and the student, hereby voluntarily assume all risks of loss, damage, or injury that may be sustained by the student while in said premises described above. In the event of any incident which may require immediate medical/dental or any other emergency attention/care, in which the Legal Guardian cannot be notified in a responsible time through reasonable means, I hereby authorize Gymnastics East, Backstage Dance or Action Athletics Inc., to take all necessary actions as it relates to immediate medical training attention, transportation and emergency medical services as warranted in the course of care of the undersigned student. I realize that I will be responsible for all fees and expense as they may relate to this medical attention paragraph.

Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a gymnastics, cheerleading or dance event. I further agree that Gymnastics East Inc., Backstage Dance & Action Athletics Inc., along with its employees, agents, officers, and directors shall not be liable for any losses, expenses, or damages occurring as a result of the below names student's participation in the class, activities or event except where such loss of damage is the result of the intentional or reckless conduct of one of the groups or individuals identified above.

Acknowledgement: This release shall be binding upon distributees, heirs, next of kin, executors and administrators of the student and undersigned. In signing this release the undersigned hereby acknowledges:

- a) That he or she has read this release and understands it and signs it voluntarily.
- b) That the undersigned signing as legal guardian is true legal guardian.

Cancellation Policy: I understand that full payment must be made at time of registration and will not be refunded unless the spot can be filled in which case all but \$25 cancellation fee will be refunded.

Student Name _____

Legal Guardian Signature _____ Date _____

Due to insurance regulations, adults and unenrolled siblings are NEVER allowed in the gym/dance area or on any equipment. _____ (initial)