HEARTBEAT DANCE ACADEMY SUMMER CAMP REGISTRATION FORM



Dancer		
Dancer Name	Birthdate	Gender
(first and last):	(mm/dd/yyyy):	M / F /
Address:	City:	Zip:
Any allergies, special needs or anything we s (If yes, please describe)	hould be aware of? Y/N	
Camp Name	Camp Week	Resident Non-Res Fee Fee
Payment ☐ Credit Card (Visa MasterCard Card Number: Exp. Date: CVC: Zipcode: Cardholders Name (Print):	Amex)	Materials Fee: \$ 50.0 (per camp
Contact		
Parent/Guardian #1 Name (first and last):Phone:	Birthdate (mm/dd/yyyy): Email:	Relation to Dancer
(Best number to be reached at)	(for receipts and important studio	updates)
Parent/Guardian #2 Name (first and last): Phone:	Birthdate (mm/dd/yyyy): Email:	Relation to Dancer
Emergency Contact Number (Name/ Relation/		
I hereby absolve the City of Belmont, its employees, independent compance Academy classes and activities, and in the event that the above and in so doing, absolve the City of Belmont, its employees and indepideo(s) for Parks and Recreation program online and print publicity. I For registrations submitted prior to April 1st, I understand that if payment information by April 15th we will offer it to other dancers. Reference no later than one week prior to camp start date.	e-named participant is a minor, I hereby give my permissi endent contractors from such liability. I/We agree to allow acknowledge that class fees cannot be prorated for missent does not go through, the dancer's spot will be held unt	ion for his/her participation as indicated vase of my/participant's photograph(s) and ed classes or late cancellation notice. il April 15th. If we do not receive updated vledge that refunds may be issued for

