

Gustafson DANCE

Dance Camp/ Junior Intensive/ Mini Camp Registration Form

Date: _____ Deposit Amount & Check #: _____ Balance Pd. & Check#: _____ Early Reg: _____

Please Circle One:

Dance Camp 1 Ages 6-12
(June 14-June 19)
Monday-Friday
9:00 a.m to 3:30 p.m
After care available until 5:00 p.m
Price: \$300

Dance Camp 2 Ages 6-12
(July 19-July 30)
Monday-Friday
9:00 a.m to 3:30 p.m
After care available until 5:00 p.m
Price: \$500

Junior Intensive Ages 9-15
(August 2 -August 13)
Monday-Friday
9:00 a.m to 3:30 p.m
Price: \$500

Mini Dance Camp 1 Ages 3-6
(June 14-June 18)
Monday-Friday
9:00 a.m to 12:00 p.m
Price: \$200

Mini Dance Camp 2 Ages 4-6
(July 19-July 30)
Monday-Friday
9:00 a.m to 12:00 p.m
Price: \$375

Mini Dance Camp 3 Ages 6-8
(August 2 -August 13)
Monday-Friday
9:00 a.m to 12:00 p.m
Price: \$375

Mini Dance Camp 4
Ages 3-6
(August 16-August 20)
Monday-Friday
9:00 a.m to 12:00 p.m
Price: \$200

Please complete the Registration Form as thoroughly as possible. Return the form along with the non-refundable Deposit (\$50) or Total Amount to: Gustafson Dance
(If only paying the deposit with registration form, the balance is due by June 1, 2010)

Name: _____ Age: _____ Birth Date: _____

Address (including zip): _____

Home Phone: _____ Daytime Contact # or Cell: _____

Email Address: _____

Mother's Name & Address: _____

Father's Name & Address: _____

Whom to contact for payment: _____ Phone: _____

What grade will your child be when s/he begins school in the Fall of 2010: _____

What are your child's hobbies /interests? _____

Has your child previously studied dance? _____ If yes, what types of dance and for how long? _____

How many ballet classes, if any, does your child take per week? _____

Is there any additional information we should know about your child? (i.e., allergies, a medical condition, etc.) Please describe. _____

Please provide the name of someone to call in the event of an emergency or are unavailable.

Emergency Contact 1: _____ Phone #: _____

Emergency Contact 2: _____ Phone #: _____

GUSTAFSON DANCE | 2285 Las Positas Road, Santa Barbara Ca 93105 | 805.563.3262

DON'T FORGET THE BACK →

MEDICAL INFORMATION:

Known Allergies (drugs, etc.) and/or pre-existing condition: _____

Known Conditions: _____

Medication the student is taking: _____

Injuries: Recent: _____ Chronic: _____

Blood Type: _____

Family Physician: _____ Office #: _____

I understand that if a child suffers a serious injury or illness while at Gustafson Dance, first aid will be rendered and an immediate and continuing effort will be made to contact the child's parents. If I cannot be reached by telephone in the event of an emergency, Gustafson Dance and /or doctor and/or Allison Gustafson has my/our permission to take my child, _____, to the doctor and/or hospital to be treated as necessary for an injury or illness.

Signature of Parent or Guardian

Date

RELEASE OF LIABILITY

I agree that I will not hold Gustafson Dance/State Street Ballet and its employees liable for any injury or illness that might occur while my child, _____, is a student of Gustafson Dance.

Signature of Parent or Guardian

Date