

## 2020 SUMMER CAMP REGISTRATION

Please circle camp(s):

Teen Ballet Intensive (\$275) Jun 23-26    Littles Ballet (\$275) Jun 29- Jul 2    Beg Acro (\$300) Jul 6-10  
Middles Ballet (\$325) Jul 6-10    Contemporary Explore (\$325) Jul 13-17    Int/Adv Acro (\$300) Jul 27-31  
Technique Intensive II (\$275) Aug 10-14    Technique Intensive I (\$275) Aug 17-21  
Kids Musical Theatre Camp (\$300) Aug 17-21    Dance NOW! Intensive (\$325) Aug 24-28

A \$50 deposit per camp and completed registration forms are required to hold your spot.

Deposits are due by 5/1/20.

Please turn in your deposit and/or full payment with this registration form.

The camps must be paid in full on the first day of each camp.

**Please fill out all 4 pages and submit with your deposit to hold your spot**

Date: \_\_\_\_\_

### Camper information:

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

Age: \_\_\_\_\_

Allergies, Injuries, or other Medical Concerns? \_\_\_\_\_

~~ If you are **not** a current student:

### Parent/Guardian (emergency contact) Information:

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### Camp Rules:

-After you pay the \$50 deposit, you only owe the remainder of the camp tuition. The \$50 is not in addition to the tuition.

-If you are not paid in full the first day of the camp you are signed up for, we will not allow you to participate.

-There are no refunds if you decide not to attend the camp.

-If we have to cancel a camp due to underenrollmen, you will get a full refund.

-For the camps that involve swimming, you will not be allowed to swim if your waiver is not signed and turned in.

**PLEASE FILL OUT EVERYTHING AND CONTINUE TO NEXT PAGE**

**2020 Summer Photo/Video Release Form**

I hereby give permission for images and video of me/my child, captured during Pineapple Dance classes and/or events, to be used solely for the purposes of the Pineapple Dance School's promotional material and/or publication, and I waive any rights of compensation or ownership thereto.

Name of Participant: \_\_\_\_\_

Name of Parent Guardian: \_\_\_\_\_  
(Please print)

**Please Circle One:**

Option 1:  
Photos, Videos, Name are fine

Option 2:  
Photos and Videos but NO NAME

Option 3:  
Photo and Name

Option 4:  
Photo but NO NAME

Option 5:  
None

Signature of parent/guardian: \_\_\_\_\_

**PLEASE FILL OUT EVERYTHING & CONTINUE TO SIGN NEXT PAGE**  
**PINEAPPLE DANCE CAMP WAIVER FORMS**

**Child's Name** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Age at time of camp** \_\_\_\_\_

**Emergency Contacts (please specify if you prefer call, text, or email)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Preference: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Preference: \_\_\_\_\_

**Medical History**

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

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

**Health Insurance Information**

Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance company phone number: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Swimming Ability**

\_\_\_ Non-swimmer

\* Does your child have a life vest that you would like him / her to wear? YES / NO

\_\_\_ Beginner (capable of swimming for several minutes in shallow water)

\_\_\_ Moderate (capable of swimming several minutes in deep water)

\_\_\_ Advanced (capable of swimming long distances)

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named participant(s), hereby grants authorization to Pineapple Dance, and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant(s). Each of the undersigned further agrees that neither Pineapple Dance nor any of its representatives, shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

**INFORMED CONSENT AND WAIVER/RELEASE**

I, the undersigned, as the parent or legal guardian of the child(ren) listed on this application in consideration of the request and permission of my son(s)/daughter(s) to participate in the Pineapple Dance programs, including, but not limited to the specified dance camps, transportation to/from the Mill River Recreation Area, and swimming in the Mill River Recreation Area swimming pools, hereby assume full responsibility for all risks of injury or loss which may result from my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge Pineapple Dance, its officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, and a variety of strenuous exercise, vigorous physical activities and/or running, directly or indirectly, from my son's/daughter's participation in the aforementioned program and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of Pineapple Dance, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son(s)/daughter(s), heirs, executors and administrators and for all my family members.

I understand, agree, and acknowledge that there are risks inherent in the activities conducted by Pineapple Dance during this summer camp, including, but not limited to paralyzing injuries, brain injuries, and death. These activities may be of a hazardous nature and/or may include activities such as swimming, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state that to the best of my knowledge, my son(s)/daughter(s) listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in Pineapple Dance programs.

I have read and understood, and I agree with the informed consent and waiver/release, emergency medical authorization outlined above as it relates to my son(s)/daughter(s).

Parent or guardian signature\_\_\_\_\_

Date\_\_\_\_\_

Please know that Pineapple Dance will do everything we can to keep your child(ren) safe, happy and healthy during their time with us. We have their best interest foremost in our hearts. Please encourage your child(ren) to behave appropriately, to listen to us, and to abide by our rules, so we can all have the most enjoyable Dance and/or Acro Camp experience! Thank you so much for your help and cooperation!!!