



EXCELSIOR SCHOOL *of* DANCE
AND PERFORMING ARTS



Jungle Safari Treasure Hunt

DANCE CAMP



July 24th - July 27th

Mon - Thur 9:00am - 12:30pm

COST: \$200.00 - SAVE \$30.00 if REGISTERED (w/ full payment) before June 30th

Physical Address: 28555 Robinson Rd, Conroe, TX 77385 | Mailing Address: 435 Springwood Dr., Conroe, TX 77385 | www.excelsiordanceschool.com | excelsiorschoolofdance@gmail.com

Student Name: _____ Parents Name: _____

D.O.B. _____ Age: _____

If new to ESD: Number of years Danced: _____ Where & Type: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (HM) _____ (WK) _____ (Cell) _____

Email: _____

****Email is our main means of communication****

Due to the nature of the exercises taken by the students of dance school, parents are warned that children suffering from asthma, orthopedic injuries, or degenerative back complaints should seek the advice from an appropriate medical practitioner or specialist before enrolling a student in the dance school. All reasonable care will be taken for the welfare of the students; however, in the case of injury or accident, the school will assume no responsibility. In the event of a medical emergency, and where a parent cannot be contacted, I authorize Excelsior School of Dance to seek medical advice and treatment.

This agreement fully represents all terms and considerations and no other statements, conditions, or promises are made in conjunction with this release form. I give permission to *Excelsior School of Dance* to use, without charge and without reservation, my likeness in any medium and for any lawful purpose, including promoting the institution, its programs and services. I waive any rights of action I may have and release *Excelsior School of Dance* and its licensees from any and all claims I may have arising from use of my likeness, including any rights to sue for defamation or violation of my rights of privacy or publicity.

Signature: _____ Date: _____ Contact #: _____

Camp Tuition: \$200.00 (Deduct \$30.00 if registered (w/ full payment) by June 30th)

Registration: \$10.00 (Registrations need to be in by July 17th)

Total Amount Due/Paid: \$ _____
Payment Method: Cash: \$ _____

Check #: _____ Total on Check: \$ _____