

Phillies Dance Camp



Enjoy a fun filled week of Dance Monday, July 17th – Friday, July 21st. Meet new friends and try new styles of dance along with exciting arts & crafts. End the week with a special performance with the Philly Phanatic at the Phillies Game at Citizen's Bank Park on Sunday July 23rd!



5129 West Chester Pike
Newtown Square, PA 19073
610-325-2003
angelabatesdanceacademy.com



Camp Details & Registration Form

Monday, July 17th – Friday, July 21st from 9am-3pm. Extended care is available from 3-5pm. Camp includes a full day of dancing with classes in Jazz, Hip Hop, Gymnastics, Lyrical, Arts & Crafts, and Dance Choreography. Ending the week with a Performance with the Philly Phanatic at Citizen's Bank Park on Sunday, July 23rd for the 1:35pm game, Phillies vs Brewers. Snacks will be provided each day of the camp; however, dancers must provide their own bagged lunch. Costumes for our performance at the game will be provided by the studio. Dancers will also provide their own white tee shirt. During camp, we will create tees to wear to the game. This camp is offered to children ages 7-13 (no dance experience necessary). The cost for the camp is \$325.00 per child (\$300 if paid before 5/1/17). The cost for extended care (3pm-5pm) is \$20 per day. Phillies tickets are available for parents, family and friends. To register, please complete both sides of this Registration Form and return or mail to the studio along with your full payment. Please submit one form per student. No student will be permitted to participate in the camp without a signed registration form and waiver. Contact us if you have any questions. Phillies Camp payment must be received to hold your place. All fees are non-refundable.

Student First/Last Name: _____ Birth date: _____ Age: _____

Are there any health concerns or allergies the studio and staff should be aware of? ☐ No ☐ Yes

If yes, please explain: _____

Are you a current ABDA student? ☐ No (please fill out the info below) ☐ Yes (If the info below is already correctly on file with us, no need to complete the info below. If any info has changed, please fill in the fields that need to be updated)

Mother's First/Last Name: _____ Father's First/Last Name: _____

Mother's Cell: _____ Father's Cell: _____

Student's Cell: _____ Main Email Address: _____

Home Street/Mailing Address: _____

City: _____ State: _____ Zip: _____

Emergency Names and Contacts: _____

Previous Dance Training - Studio/Teacher/# of Years: _____

How did you hear about us? _____

Please check off which camp option you are participating

Place "X"	Camp Option	Dates	Times	Cost if Paid by 5/1/17	Cost if Paid after 5/1/17
	Phillies Camp	July 17 th -21 st	9-3	\$300	\$325
	Phillies Camp with extended care	July 17 th -21 st	9-5	\$20 per day \$75 per week or \$10 per hour	\$20 per day \$75 per week or \$10 per hour

TOTAL AMOUNT ENCLOSED: \$ _____

Please check one

____ Checks Payable to "Angela Bates Dance Academy" CHECK # _____
 ____ Cash – please obtain a receipt. RECEIPT # _____
 ____ On-File Credit Card CC # last 4 DIGITS _____
 ____ NEW Credit Card (please contact the office to process)



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ABM Productions, LLC and the Angela Bates Dance Academy Liability Waiver and Consent

I, _____, natural parent and/or Guardian of _____ (child), hereby acknowledge that certain risks of injury are inherent to participation in these dance related physical activities. These risks and dangers may be either caused by the action, inaction or negligence of the participant and others. There may be other risks not known or reasonably foreseeable at this time. I accept and assume such risks and responsibility for the losses and/or damages following such injury, however caused, and whether caused in whole or in part by the negligence of the named student above. If the student has a temporary restriction (sickness, sprain, soreness, etc.) I will inform the appropriate instructor on a daily basis in writing. I agree that the student and I will abide by the rules, regulations and policies of the Angela Bates Dance Academy ("ABDA"). I consent to the student's participation in ABDA physical programs, classes and activities. Recognizing the possibility of physical injury associated with these programs, classes and activities, and in consideration for ABDA accepting the student for its programs, classes and activities, I hereby release, discharge, indemnify, and hold harmless ABDA, its affiliated organizations, and their employees, teachers/subcontractors and associated personnel from and against any and all claims by or on behalf of the student as a result of the student's participation in the programs, classes and activities.

In my absence, I also request ABDA, through its staff, to obtain emergency medical care in the event that such care is necessary or appropriate in the opinion of the staff for the benefit of the student due to accident or illness. I agree to pay any treatment costs directly to the hospital, physician, or laboratory providing such care upon presentation of the bill to me.

Any disputes regarding the student's participation at ABDA and/or this Waiver shall be governed by the laws of the Commonwealth of Pennsylvania and the Court of Common Pleas of Delaware County, PA shall have exclusive jurisdiction.

Photo/Video Release - I, the undersigned, give permission for ABDA and their staff to photograph/video the above-named student during classes or performances to be used for studio displays and promotional material such as all forms of social media.

- ☐ Yes, I give ABDA and their staff permission to photograph/video the above-named student.
- ☐ No, I do NOT give ABDA and their staff permission to photograph/video the above named student.

Parent/Guardian Name Printed: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____