



2011 SUMMER REGISTRATION FORM

Personal Information			
First Name:		Last Name:	
Home Phone:		Alternative Phone:	
Address:			
City:		State:	Zip:
Age:	Birth date:		
T- Shirt Size: <input type="checkbox"/> Youth X-Small <input type="checkbox"/> Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large			
Education			
School:			Grade:
Parent Legal Guardian			
First Name:		Last Name:	
Home Phone:		Work/Cell Phone:	
Address:			
City:		State:	Zip:
E-Mail Address:			
Emergency Contact			
Name:		Relationship to participant:	
Home Phone:		Work/Cell Phone:	
Medical Information			
Participant's Primary Physician:			
Address:			
City		State:	Zip:
Phone:			
Insurance Information			
Name of Insurance Co:			
Policy #:		Effective Date of Coverage:	
Policy Holder Name:			
Release of Liability			
<p>I/we, the undersigned natural parent (s) or legal guardian(s) of _____ desire and consent to my/our child to attend and become officially enrolled in Ms. Bridget's Summer Dance Intensive/Camp. I will release and discharge Ms. Bridget's Conservatoire of Dance and it's representatives, employees and consultants from any and all claims, losses, demands, damages, causes of action, judgments or suits of any kind which either I/We or my/our child may have arising out of or in connection with my/our child's participation and enrollment in Ms. Bridget's Summer Dance Intensive/Camp. I/We do hereby agree to have and indemnify and keep harmless Ms. Bridget's Conservatoire of Dance, L.L.C. and it's representatives, employees, volunteers and consultants against any and all liability, claims, judgments or demands for damages which either I/We or my child may have arising from or in conjunction with my/our child's participation and enrollment in Ms. Bridget's Summer Dance Intensive/ Camp. Identify approximate last date of immunizations:</p>			
_____		_____	
SIGNATURE OF PARENT/LEGAL GUARDIAN		DATE	

Health History Information

_____ TETANUS _____ BOOSTER _____ POLIO _____ RUBELLA
 _____ MUMPS _____ MEASLES _____ DPT (DIPHThERIA, WHOOPING COUGH)
 YES NO IS CURRENTLY ON MEDICATION
 YES NO HAS ALLERGIES TO MEDICATIONS (IF YOU CIRCLED YES, LIST THEM)
 YES NO PHYSICAL IMPAIRMENTS
 YES NO ALLERGIC TO CERTAIN FOODS

EXPLANATION: _____

Consent For Emergency or Medical Treatment

In the event of an emergency or medical treatment, I hereby give my consent, and/or authorize the Ms. Bridget's Summer Dance Intensive/Camp Staff to provide medical treatment or services to or for my child. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or medical care required, and is to serve as specific consent to any and all such diagnoses, treatment or hospital care, which may be deemed necessary. Medical services are approved for me during his/her participation with Ms. Bridget's' Summer Dance Intensive/Camp.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Camp Dates

- June 6, 2011 – July 15, 2011: Fame Camp (6 - Week Summer Dance Intensive)
 - July 18, 2011 – July 22, 2011: Hip Hop Camp
 - July 25, 2011 – July 29, 2011: Pom/Cheer Camp
 - A.M. ½ Day Camp
 - P.M. ½ Day Camp
 - Full Day Camp

All registration materials including deposit must be received by the date specified below. The remaining balance must be paid before the start of each camp (or weekly). A 10% Discount is offered to siblings enrolled in the same camp. Register in person or Mail to: MBCD, 11726 St. Charles Rock Rd., Suite J, Bridgeton, MO 63044. Fax to: (314) 558-1107.

Camp	Cost	Deposit Amount	Registration & Deposit Due Date
6 - Week Summer Dance Intensive	\$540.00 or \$90.00 per week	\$100.00 or \$30.00 per week	May 21, 2011
Hip Hop Camp	\$85.00	\$30.00	June 25, 2011
Pom Cheer Camp	100.00	\$30.00	June 25, 2011
½ day Camps	\$50.00	\$20.00 per week	Same dates as above

**Deposits are non-refundable.*

I am paying by: Check Credit Card Cash **Total amount:** _____

Credit Card info: Visa Master Card Discover

Account/Card #: _____ Card Verification #: _____

Name of Cardholder: _____ Expiration Date: _____

Billing Address: _____ Ref #: _____

SIGNATURE

DATE

For Office Use

Date Received: _____ Discounts: _____

Check #: _____ Amount Paid: _____ Amount Due: _____

MBCD, 11726 St. Charles Rock Rd., Suite J, Bridgeton, MO 63044,
Fax: (314) 558 -1107, Phone: (314) 291-1660