



Miss Ella's French Baby Ballet

REGISTRATION FORM – SUMMER CAMP 2018

STUDENT'S NAME: _____ GENDER: _____

STUDENT'S AGE: _____ BIRTHDAY: _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____

E-MAIL: _____

SUMMER CAMP – BALLET & HULA:

July 23 – 27, 2018

Children 4-6 years old (MUST be potty trained)

8:30am to 12:30pm

Drop-off between 8:15am to 8:30am

Pick-up between 12:15pm to 12:30pm ***Late pick-up fee of \$1 per minute***

Choose
One

PAY IN FULL NOW: \$200

PAY NON-REFUNDABLE RESERVATION FEE NOW: \$25.00*

Cash

Facebook Messenger Friend-To-Friend to: @miss.ella.thornton

Check to: Ella Thornton

Google Wallet to: frenchbabyballet@gmail.com

Mail checks to:

Venmo: @Ella-Thornton

1420 NW 17th Ave, Ste 88

Portland, OR 97209

*The reservation fee will be deducted from the full price of the session. Payment for the session is due by the first day of class. Any payments made will be returned if the camp does not reach its minimum and is cancelled.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

AUTHORIZATION FORM

STUDENT'S NAME: _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

EMERGENCY CONTACT: _____

RELATIONSHIP TO CHILD: _____ PHONE: _____

Please list any physical, mental, or health concerns regarding your child.

Please list any food or drug allergies your child has.

Do you give Miss Ella's French Baby Ballet permission to authorize emergency care if Miss Ella's French Baby Ballet cannot reach the person(s) listed above?

() YES () NO

As parent or legal guardian of _____, I _____ hereby authorize Miss Ella's French Baby Ballet, at my expense, to call an ambulance, take my child to a physician of Miss Ella's French Baby Ballet's choice, and to consent to an x-ray examination, anesthetic, diagnosis, medical or surgical treatment deemed necessary, if I or a person listed above cannot be reached by telephone. This permission is in effect for the duration of my child's enrollment at the 2018 Miss Ella's French Baby Ballet Summer Camp.

STUDENT'S PHYSICIAN: _____ PHYSICIAN'S PHONE: _____

HOSPITAL PREFERENCE (if any): _____ HEALTH INSURANCE: _____

POLICY GROUP #: _____ ID#: _____

People authorized to pick up your child from the program.

NAME & RELATIONSHIP TO CHILD: _____

PHONE: _____

NAME & RELATIONSHIP TO CHILD: _____

PHONE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

WAIVER AND RELEASE OF LIABILITY FORM

I, _____, parent or legal guardian of _____ hereby agree to the following:

1. It is understood that the participating minor is partaking in the dance camp offered by Elbereth Thornton, and that there are risks of physical injury associated with, arising out of and inherent to the activity of dance.
2. I understand that it is my responsibility to consult with a physician prior to and regarding the minor who is participating in any dance camp. I represent and warrant that the child mentioned is physically fit and with no medical condition that would prevent their full participation in this camp.
3. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Elbereth Thornton of Miss Ella's French Baby Ballet Classes.
4. I hereby agree to release Miss Ella's French Baby Ballet and hold Elbereth Thornton harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in the dance camp on behalf of the participant.
5. I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation of the minor I represent.

Name of child: _____ Birthdate: _____

Name of Parent/Guardian: _____ Phone: _____

I represent that I have legal capacity and authorization to act on behalf of the minor name herein.

Parent/Guardian Signature: _____ Date: _____

PHOTO/VIDEO RELEASE FORM

We request permission to use your child's image in the form photography and/or video for promotional purposes in printed form and online media of our website and other social sites such as, but not limited to, Facebook, Instagram, and YouTube. There will be no use of names attached with any images or videos used.

CHILD'S FULL NAME: _____

CLASS OR CAMP CHILD IS PARTICIPATING IN: _____

I hereby grant permission to Elbereth Thornton of Miss Ella's French Baby Ballet and authorized agent to photograph and/or video record my child during dance classes and dance camps held at _____. I understand that Elbereth Thornton will use these photographs or videos for the sole purpose of promoting Miss Ella's French Baby Ballet through fliers or on online business platforms. I understand that I will receive no financial remuneration for any photographs or videos my child appears in. I am signing this release form with the knowledge that any photos or videos posted by Miss Ella's French Baby Ballet could be reprinted or used by online users, and I, therefore, release Elbereth Thornton and Miss Ella's French Baby Ballet from any liability arising from use of my child's photos or videos on printed or online media sources.

Name of Parent/Guardian: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____