

# heroes of hip hop

## DANCER REGISTRATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

Cell 1#: \_\_\_\_\_ Cell 2#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ FL \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL : ( PLEASE PRINT ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Behavioral/Medical Concerns or Allergies: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

\*\*\*PLEASE NOTE TUITION IS NON-REFUNDABLE OR TRANSFERABLE.

x \_\_\_\_\_ Signature of parent or guardian  
DANCERS ARE ALLOWED TO MAKE-UP ALL CLASSES MISSED DURING  
THE CHOSEN SESSION ONLY\*\*\*

**Annual Registration Fee \$45.00**

\_\_\_\_\_ Weeks x 1 class per week = \$ \_\_\_\_\_

\_\_\_\_\_ Weeks x 2 classes per week = \$ \_\_\_\_\_

\_\_\_\_\_ Weeks x 3 classes per week = \$ \_\_\_\_\_

Session Spring March 15 to June 5    Session Fall: August    to October

STUDIO USE ONLY:

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

Session: 1 2 3 4 SUM

Office Notes: \_\_\_\_\_

Level(s): \_\_\_\_\_ Days: M T W TH F S

# HEROES OF HIP HOP

June 14 - July 30  
MON-FRI 9AM-2PM

**SUMMER CAMP 2021**  
REGISTRATION FEE \$60  
COST PER WEEK \$190

Completed Registration/waiver **MUST** be submitted on or before your child's first day of camp by email to [info.heroesofhiphop@gmail.com](mailto:info.heroesofhiphop@gmail.com) or in person!

Camper's name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact (other than parent/guardian listed above): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Behavioral or Medical Concerns: \_\_\_\_\_ Allergies: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Insurance information: \_\_\_\_\_

List names of authorized person who may pick up your child from our studio:

1. \_\_\_\_\_ 2. \_\_\_\_\_

## Consent and Liability Waiver - Release of all claims

**Parents/Guardians:** Please sign below to grant medical treatment to the camper while participating in the Heroes of Hip Hop camp.

I hereby authorize Heroes of Hip Hop/Alce Art Studio Staff to administer such diagnostic & therapeutic (including administration of over-the-counter medications and basic first aid) procedures, as they deem necessary for my child. I also authorize the Heroes of Hip Hop/Alce Art Studio Staff to release information of such care to health insurance carriers for the purpose of determining insurance coverage for the child. Furthermore, the undersigned hereby agrees to fully defend, indemnify, and hold harmless Heroes of Hip Hop/Alce Art Studio, its directors, officers, employees and agents from and against any claim, expense, cost or liability of whatsoever nature including attorneys' fees arising out of my child's conduct while participating in this Summer Camp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Media Release

**Parents/Guardians:** Please sign below to consent to Media Release described below while participating in the Heroes of Hip Hop Summer camp.

I hereby consent for my child to be interviewed, photographed, and/or videotaped for the release, publication, exhibition, or reproduction of these materials to be used for public relations, news articles or telecasts, education, advertising, inclusion on the Heroes of Hip Hop website, fund-raising or any other purpose by Heroes of Hip Hop or Alce Art Studio. I release Heroes of Hip Hop/Alce Art Studio, their officers, employees, and each and all persons involved from any liability connected with the taking, recording, or publication of said interviews, photographs, slides, computer images, videotapes, or sound recordings of my child during this summer camp.

\_\_\_\_\_  
Parent/Guardian Signature

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