



The Living Dolls

DANCE FACTORY

SUMMER INTENSIVE REGISTRATION FORM 2016

Student # (Office Use) _____ Today's Date ____-____-____
 Student(s) Name:
 (1) Last Name _____ First _____ D.O.B ____/____/____ Sex: ____
 (2) Last Name _____ First _____ D.O.B ____/____/____ Sex: ____
 (3) Last Name _____ First _____ D.O.B ____/____/____ Sex: ____
 Student Email(s): _____

Address: _____ City: _____, FL Zip: _____
 Home Phone: _____ Cell: _____

Parent 1: Name: _____ Cell: _____
 Parent 2: Name: _____ Cell: _____
 Parent Email: _____

EMERGENCY Contact Other than Parents:

Name: _____ Relationship: _____
 Phone: _____

PLEASE SELECT WHICH WEEKS YOU WOULD LIKE TO REGISTER FOR AND SELECT FULL DAY OR HALF DAY BELOW:

Week 1	June 27th-July 1st	___ Full Day	___ 9am-12pm	___ 12pm-3pm
Week 2	July 5th-July 8th	___ Full Day	___ 9am-12pm	___ 12pm-3pm
Week 3	July 11th-15th	___ Full Day	___ 9am-12pm	___ 12pm-3pm
Week 4	July 18th-22nd	___ Full Day	___ 9am-12pm	___ 12pm-3pm
Week 5	July 25th-29th	___ Full Day	___ 9am-12pm	___ 12pm-3pm
Week 6	Aug 1st-5th	___ Full Day	___ 9am-12pm	___ 12pm-3pm
Week 7	Aug 8th-12th	___ Full Day	___ 9am-12pm	___ 12pm-3pm

WEEKLY RATES:

Full Day: (9am -3pm)
 \$ 255 for one week,
 any additional week
 thereafter is only \$225 per week

* Half Day: (9am- 12pm) or (12pm- 3pm)
 \$175 for one week,
 any additional week
 thereafter is only \$150 per week

DAILY RATES:

\$75 Full Day

\$50 Half Day

Credit Card Agreement Policy

I hereby allow The Living Dolls Dance Factory to maintain on file my credit card information. I understand that The Living Dolls Dance Factory will automatically charge my credit card the full amount of the reservation fee today. I understand that this Deposit is NON-REFUNDABLE. There after I understand that The Living Dolls Dance Factory will automatically charge my credit card for the balance due on the first day of each weekly session that I have registered for in this agreement. I understand there will be NO REFUNDS, CREDITS, or EXTENDED PAYMENTS for missed summer camp days. With my permission (which will be given by signing and dating forms sent home with students), I allow The Living Dolls Dance Factory to automatically charge my credit card for field trips, ONLY if I choose to participate. I will agree to participate by completing and signing permission forms throughout the summer camp. This agreement is in effect from the signature date until the end of your registered summer sessions.

Total Deposit due today to reserve my sessions: \$100/per session

If you would like to pay in full please enter your total here: _____

Credit Card Information:

____ Master Card ____ Visa ____ American Express
Name (as it appears on the card) _____
Card # _____ Expiration _____
Billing Address: _____ City _____ ST _____ Zip _____

I have read and understand all of the above on this _____ day of _____, 20____

Cardholder's Signature _____

Waiver of Liability

The undersigned hereby waives any liability against The Living Dolls Dance Factory, Corp. d/b/a The Living Dolls Dance Factory; hereinafter referred to as The Living Dolls Dance Factory, its administrators, agents, assigns, and all other persons, firms, corporations and educational institutions, who it might claim to be liable while acting within the scope of The Living Dolls Dance Factory's activities, from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever on account of all injuries, both to person and property, which may in the future result from any accident which might occur as a result of any social, educational, athletic or any other event or activity sponsored, participated in or conducted by The Living Dolls Dance Factory. The undersigned hereby declares that the terms of this waiver have been completely read and are fully understood and voluntarily accepted for the purpose of allowing me, my child and/or surrogate to either attend classes, participate in events or travel with The Living Dolls Dance Factory or its agents and/or employees, for the express purposes of precluding forever any future claims arising out of any possible accident suffered by the undersigned's child, surrogate or nominee, as the case may be. This waiver is binding on my heirs, executors, assigns and administrators. This is a voluntary waiver and the undersigned is aware of the risks of attending and participating in social, athletic and all other events and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown.

I have read and understand all of the above on this the _____ day of _____, 20_____.

Parent or Guardian Signature _____