

**DANCIN! PERFORMING ARTS & EVENTS CENTER  
REGISTRATION FORM for DAY CAMPS 2010**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Parent or Guardian Names:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Tel:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**Student's Previous Experience:** \_\_\_\_\_

**Please print out, complete & mail /or bring this registration form and check payment to: Super Day Camps at Dancin! 3005 Skyline Blvd. Ste 150 Reno NV. 89509. You may also pay by phone 775/825 3687 and use your Visa/MC. Camp registrants will be notified immediately upon receipt of Camp Registration.**

**Insurance and Medical Releases and Non-Disclosure Agreement**

**Insurance Release:**

Dancin! Performing Arts Center; their Directors, Staff, Members, Volunteers, Instructors, or the families thereof, *can not and will not be held liable* for any injury sustained on any property, stage, studio area, performance area or rehearsal area, that this dancer/student/member \_\_\_\_\_ attends. I understand fully that either the student/member his or herself and/or their legal guardians whose signature and name appears below, is fully responsible for all medical and dental responsibilities, bills and insurances and will not attempt to hold Dancin! Performing Arts Center and its company liable.

I have read, understand and accept the Insurance Release policy:

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Signature	Print	Relation	Date
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**Medical Release:**

I give full permission for Directors, Staff and/or Volunteers of Dancin! Performing Arts Center, the right to choose and decide upon medical attention for \_\_\_\_\_ should the need arise when the parent and or legal guardian and/or emergency contact cannot be *immediately* notified.

I have read, understand and accept the Medical Release policy:

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Signature	Print	Relation	Date
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**Non-Disclosure Agreement:**

Students & their families agree not to disclose or reproduce any information regarding studio operations, choreography, staging, music, costumes and designs. These are the intellectual properties of Dancin! PAC, and Amanda Coulson.

I have read, understand and accept the Non-Disclosure Agreement:

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Signature	Print	Relation	Date
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PLEASE ADD A WRITTEN NOTE AND SPEAK WITH DIRECTOR FOR ANY SPECIAL DETAILS.