

WIZARDS AND WONDERS OF BROADWAY

Musical Theatre & Dance Summer Camp

REGISTRATION FORM - June 17-27, 2019

QUESTIONS? CONTACT JILL MORRISON - andallthatjazzpac@yahoo.com

STUDENT NAME:	PARENT/GUARDIAN NAMES:
DATE OF BIRTH: / /	ADDRESS:
AGE:	CITY: STATE: ZIP:
HOME PHONE: () -	E-MAIL ADDRESS 1:
CELL PHONE: () -	E-MAIL ADDRESS 2:

EMERGENCY CONTACT NAME: RELATIONSHIP: EMERGENCY PHONE: () -

Does your child have any physical, medical or psychological conditions the staff should be aware of? Yes No
If yes, please explain:

Styles most interested in: Jazz Tap Lyrical Contemporary Ballet Acro
(check all that apply) Hip Hop Group Singing Solo Singing Acting

Student T-Shirt Size: Child Small Child Medium Child Large Child X-Large
 Adult Small Adult Medium Adult Large Adult X-Large

Favorite Wizards & Magical Characters:

(Some options- Characters from Harry Potter, Fantastic Beasts, The Wizard of Oz, Wicked, Cinderella, Frozen, Aladdin, Peter Pan)

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Camp Tuition \$295

Parents/guardians of enrolled campers must sign below, agreeing to the Waiver & Release, Refund & Cancellation Policy set forth by And All That Jazz! Performing Arts Center.

REFUND & CANCELLATION POLICY:

**Cancellations are subject to a \$50 Cancellation Fee

**Refunds will not be given after the camp has begun.

By signing below I, _____(Name), accept and agree to the Refund & Cancellation Policy of the Wizards and Wonders of Broadway Summer Camp. I also hereby allow any videography or photography taken to be used for promotional or other purposes by And All That Jazz! I give my permission to And All That Jazz! Staff to call a person listed above, and an ambulance, in the event of an emergency. I recognize the risks of injury inherent in any dance exercise program. Participating in And All That Jazz! Program is upon the express agreement and understanding that I am waiving and releasing And All That Jazz! and all teaching staff from any and all claims, costs, liabilities, expenses, and judgments, including attorney fees and court costs, (herein collectively "claims") arising out of participation in And All That Jazz instructional programs, performances and/or rehearsals, and any and all participation in any event or program given or sponsored by And All That Jazz!, or any illness or injury resulting from. I hereby, further agree to indemnify and hold harmless And All That Jazz! from and against any and all such claims.



SIGNATURE of Student's Parent or Guardian: _____ Date: / /

PAYMENT INFORMATION

Amount: _____

- Cash
 Check made payable to **And All That Jazz**
 Credit Card payment online at: <https://squareup.com/store/and-all-that-jazz-pac>
 Credit Card: select one: Visa MasterCard American Express Discover

Card Number: _____ Name on Card: _____ Card Expiration Date: / / 3 or 4-digit Security Code: _____

Billing Zip Code: _____

E-MAIL THIS FORM TO: andallthatjazzpac@yahoo.com