

Key West Sports Academy, LLC. Summer Frozen DANCE Camp 2016 Registration Form

*Non-Refundable camp deposit due at time of registration \$100.00/week

Camper's Name: _____ Age: _____ Birthdate: ____/____/____ Male or Female

Mailing Address: _____ City: _____ Zip: _____

Mom's Full Name: _____ Cell #: _____

Dad's Full Name: _____ Cell #: _____

Email (REQUIRED): _____

Allergies/ Special Needs? _____

Are there any medical conditions to which we should be alerted? Please include any learning disabilities. _____

Summer Frozen DANCE Camp 2016

Please check the camp you will be attending.

☐ FULL DAY June 20-24: \$230

☐ HALF DAY June 20-24: \$130

Is your camper a KWSA Member?:

Yes = -\$15 Member Discount
No

Does your camper have a sibling attending a KWSA camp at full price?

Yes = -\$15 Sibling Discount
No

Total Amount Due: \$ _____

Summer Frozen DANCE Camp 2016

\$230.00/
Week
per Camper

9am-4pm

AGE 4 - 12

KWSA reserves the right to cancel any or all weeks of camp, with a full refund at least two weeks before the camp date.

Acknowledgement of Risk and Waiver of Liability

I hereby authorize the staff at Key West Sports Academy, LLC to act for me according to their best judgement in any emergency requiring medical attention, and I hereby waive any and all claims for personal injury, illness and/or property damage that I may have against Key West Sports Academy, LLC and its directors, officers, agents, employees, contractors, representatives, and any volunteers in any way associated with Key West Sports Academy, LLC.

I understand that participation in Gymnastics, Cheer, Tumbling, Trampoline, and all other Key West Sports Academy LLC activities involves motion, rotation, and height in a unique environment and as such carries with it the risk of injury. Key West Sports Academy, LLC is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the registrant or the registrants family. In lieu of a medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named registrants participation in Key West Sports Academy, LLC programs. I also expressly grant to Key West Sports Academy LLC and any third party authorized by Key West Sports Academy LLC the right to film, videotape, photograph, record the voice of and make any reproductions of the registrants likeness and voice and irrevocable right in perpetuity to use, display, and digitally enhance or alter in any manner, such likeness in any media now known and hereafter devised, including but not limited to the exhibition and/or online use, broadcast, theatrically or on television, cable or radio, or any motion picture film, videotape, DVD, CD or any published articles in which such likeness may be printed, used or incorporated, and in the advertising, exploiting and publishing of Key West Sports Academy. I acknowledge that KWSA reserves the right to send campers home at any time, without refund.

Parent/ Guardian Signature

Printed Name

Date

Office Use ONLY

Deposit _____/_____/_____ \$ _____ # _____

Balance Paid _____/_____/_____ \$ _____ # _____

Total Balance Due: \$ _____