

# Dancers Domain 2020-2021 Fairytale Camp Registration Form

## ACCOUNT INFORMATION:

INPUT DATE: \_\_\_\_\_ INITIALS \_\_\_\_\_

PARENT 1: \_\_\_\_\_ PARENT 2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME #: \_\_\_\_\_ PARENT 1: CELL: \_\_\_\_\_ PARENT 2 CELL: \_\_\_\_\_

PARENT 1 EMAIL: \_\_\_\_\_ PARENT 2 EMAIL: \_\_\_\_\_

(\*\*\*PLEASE NOTE WE WILL BE COMMUNICATING PRIMARILY THROUGH EMAIL ON IMPORTANT INFORMATION\*\*\*)

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT DANCERS DOMAIN: \_\_\_\_\_

## STUDENT INFORMATION:

STUDENT 1 NAME: \_\_\_\_\_ BIRTHDAY \_\_\_/\_\_\_/\_\_\_ MALE/FEMALE

STUDENT 2 NAME: \_\_\_\_\_ BIRTHDAY \_\_\_/\_\_\_/\_\_\_ MALE/FEMALE

STUDENT 3 NAME: \_\_\_\_\_ BIRTHDAY \_\_\_/\_\_\_/\_\_\_ MALE/FEMALE

## CAMP/INTENSIVE INFORMATION

\*PLEASE CHECK ALL SUMMER PROGRAMS YOUR DANCER(S) WILL BE ATTENDING\*

<u>STUDENT NAME:</u>	1st Session Fairytale Camp	2nd Session Fairytale Camp

DANCERS DOMAIN 13610 N. SCOTTSDALE RD STE 20, SCOTTSDALE AZ 85254  
WWW.DANCERSDOMAINAZ.COM  
DANCERDOMAINAZ@GMAIL.COM

# Dancers Domain 2020-2021 Summer Camp/Intensive Tuition Policy

## FAIRYTALE CAMP PRICING:

**FAIRYTALE CAMP \$120 PER SESSION**

## TUITION POLICY:

**ALL SUMMER TUITION MUST BE PAID IN FULL BY THE FIRST DAY OF EACH CAMP/INTENSIVE. WE RECOMMEND PAYING AT TIME OF REGISTRATION IN ORDER TO HOLD YOUR DANCERS SPOT. IF OUR CAMPS OR INTENSIVES ARE AT FULL CAPACITY AND YOU HAVE NOT PAID AHEAD, WE CAN'T GUARANTEE PLACEMENT IN OUR SUMMER PROGRAMS.**

## CREDIT CARD AUTHORIZATION:

**I AUTHORIZE DANCERS DOMAIN TO DEBIT MY CARD FOR DANCE CAMPS & INTENSIVES. I UNDERSTAND MY CREDIT CARD INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL AND DEBITED ON THE AMOUNT OF AGREED MONTHLY FEES. I REALIZE THAT IF FOR ANY REASON MY SON/DAUGHTER DECIDES TO WITHDRAW FROM THE PROGRAM, I AM RESPONSIBLE FOR THIS AMOUNT UNLESS NOTIFIED A WEEK PRIOR TO SUMMER PROGRAMS.**

**CREDIT CARD (PLEASE CIRCLE ONE)-                      VISA                      MASTERCARD                      DISCOVER                      AMERICAN EXPRESS**

**CARD NUMBER: \_\_\_\_\_ EXP. DATE \_\_\_\_\_**

**NAME ON CARD \_\_\_\_\_ CCV: \_\_\_\_\_**

**ZIP CODE OF BILLING ADDRESS \_\_\_\_\_**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

## STUDIO POLICIES: (PLEASE INITIAL)

**\_\_\_\_\_ PARTICIPATION: STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE IN OUR SUMMER PROGRAMS IF THEIR IS A OUTSTANDING BALANCE ON YOUR ACCOUNT.**

**\_\_\_\_\_ PHOTOGRAPHY & VIDEO: I AUTHORIZE DANCERS DOMAIN TO TAKE PHOTOGRAPHS AND VIDEOS FOR USE IN BROCHURES, WEBSITES, ADVERTISEMENTS, AND OTHER PROMOTIONAL MATERIAL.**

**\_\_\_\_\_ MEDICATION: FROM TIME TO TIME STUDENTS APPROACH US FOR MEDICATIONS FOR MINOR AILMENTS AND HEADACHES.**

**\_\_\_\_\_ LIABILITY: I HEARBY RELEASE DANCERS DOMAIN AND ALL STAFF MEMBERS FROM ALL CLAIMS OF DAMAGES OR INJURY SUFFERED BY THE ABOVE REGISTERED STUDENTS.**

**\_\_\_\_\_ INITIAL HERE THAT YOU ACKNOWLEDGE EVERYONE IS **REQUIRED** TO WEAR A MASK IN THE STUDIO AT THIS TIME**

**I HAVE READ AND UNDERSTAND THE STUDIO POLICIES AND I AGREE TO ABIDE FULLY BY ITS TERMS**

**PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**DANCERS DOMAIN 13610 N. SCOTTSLDAE RD STE 20, SCOTTSDALE AZ 85254**

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[DANCERSDOMAINAZ@GMAIL.COM](mailto:DANCERSDOMAINAZ@GMAIL.COM)**