

KIRKPATRICK'S SCHOOL OF DANCE
PRESENTS...

HIP-HOP SUMMER CAMP 2010



JULY 5-30TH 2010 - AGES 7 & UP
9:00AM-1:00PM
WEEKLY CAMPS AVAILABLE

HIP-HOP CAMP 2010 REGISTRATION FORM

Camper's Name _____ Age _____ Grade in fall 2010 _____
Parent's Name _____ Hm ph _____ Cell ph _____
Address _____ Email _____
City _____ Zip _____

Camp Days: Mon-Fri. Time: 9am-1pm

CIRCLE CAMP WEEK(s) ATTENDING:

Week 1: 7/5-7/9 Week 2: 7/12-7/16 Week 3: 7/19-7/23 Week 4: 7/26-7/30
Weekly Camp Fee: Reg. by 4/15/10 \$225.00 or \$250.00 Reg. after 4/15/10

All Campers: Bring your lunch and a snack! Vending machines on site.
MAIL PAYMENT TO: KIRKPATRICK'S SCHOOL OF DANCE (check or credit card)
Camp located at: 1701 LESLIE ST. SUITE 100 SAN MATEO, CA 94402
office 650.525.1900 fax 650.525.1901

Visa/mc # _____

Expiration date _____ cvv code _____

Credit card authorized signature _____

Waiver and Release Form: I, the undersigned parent/guardian do hereby give permission for my child (above) to participate in Kirkpatrick's School of Dance classes/camps. I hereby understand there is a possibility of physical illness or injury to my child. I also understand that camp fees must be paid in full at time of registration to guarantee my spot. If student cancels less than 10 business days prior to start date of first class, all fees are non-refundable. If student cancels more than 10 days before first camp day, refund will be given for fees, however a cancellation fee of \$100.00 will be charged. Furthermore, I waive all claims for damages now or in the future against Kirkpatrick's School of Dance, it's owners, officers, representatives, for all injuries which my child may sustain while participating in classes and camps. My child is in good health, and free of injury or illness. This waiver is in effect unless I revoke it in writing. Class/camp dates are parent/guardians responsibility. Refunds will not be given due to absences.

Parent/Guardians signature _____ date _____