



400 South Main Street Suite K, Mauldin SC 29662
Phone: 864.967.4740

SUMMER CAMP REGISTRATION

How did you hear about us? Referred by: _____

Today's Date: _____ Birthdate: _____ Age: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School Attending: _____ Grade this fall: _____

Home Phone: _____ Email: _____

Mom Name: _____ Dad Name: _____

Mom cell: _____ Dad cell: _____

Place of Employment: _____ Place of Employment: _____

Work Phone: _____ Work Phone: _____

Person responsible for paying the bill: _____

T-Shirt Size Youth or Adult S M L XL

IN CASE OF AN EMERGENCY (other than parent)

Name: _____

Relationship to student: _____

Phone: _____ **Work:** _____

Amount: \$ _____ Full Camp ___ 4wks or less ___ Half Day ___ Day/Day ___
 Weekly () Bi-weekly () Monthly ()
1child ___ **2 children** ___ **3 or more** ___

All payments must be paid at the first of the week according to your payment arrangement. Any & all outstanding balances must be paid before your child can return to camp. ___ Int.
(revised 3/8/22)

LIMITED POWER OF ATTORNEY

If a serious emergency arises, it may be necessary for a physician to attend your son/daughter before staff could get in touch with you or your designated physician. Such care can be provided only if you sign the following AUTHORIZATION FOR MEDICAL TREATMENT.

I give the teacher(s) or administrator(s) in charge of my son/daughter limited power of attorney to act in my absence and see that my son/daughter, _____ gets whatever medical treatment is necessary in case of sickness or accident.

List any medical exemptions (allergies, blood transfusions, etc.) for your child.

List any significant health problems.

My child is presently taking the following medicine prescribed by the doctor:

Name of Medicine/Amount taken:

Insurance Information:

Is your child covered by medical and/or hospital insurance? Yes _____ No _____

Insurance Provider: _____ Policy # _____

Name of Insured: _____

Relationship to Child: _____

Preferred Hospital: _____

I agree and understand all enrollment agreements and policies initialed on this document.

Signature of Parent/Legal Guardian

Date

LIABILITY DISCLAIMER

(Consult your doctor before starting any exercise program)

Dancing is an activity in which, despite preparation, instruction, medical advice, conditioning and equipment there is still a risk of injuries such as the following. This is by no means complete or exclusive, but includes heart attack, stroke and circulatory problems, bone and joint injuries, back injury, muscle strain and other muscle injuries, foot problems, head, neck and spinal injuries, heat stroke, heat exhaustion and asthma.

Please be aware in registering yourself or child for participation in this you will be acknowledging the risk and releasing all claims which you may have as a result of participating in this program. As a participant I acknowledge that there are certain risks of personal injury and I agree to voluntarily assume those risks and responsibilities which I or my child may sustain as a result of participating in any and all activities connected with or associated with such a program.

I release all claims which may arise against, and agree not to sue, ***T-Motion Dance Studio*** and its officers, directors, agents, employees and authorized volunteers from any and all claims by other parties resulting from physical or mental injuries, damages and losses caused by me arising in any way associated with the activities of the program or at any related function.

In the event of any emergency, I authorized *T-Motion Dance Studio* officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care. (LPOA)

I have read and understand the above rules and regulations and I agree to accept and abide by all policies and procedures.

Signature

Date

(Summer Camp Program)

Enrollment Agreement: I understand that I am responsible for paying for every week my child is enrolled in the summer camp program.

ALL TUITION MUST BE PAID A WEEK IN ADVANCE NO CHECKS ACCEPTED

Weekly tuition not paid on time will incur a one-time late fee of \$25.00 plus daily late fees of \$5.00 until paid in full. **A written (2) two week notice and paying through (2) two weeks required to dis-enroll your child.** Parent Initials: _____

Registration \$50 (Non-Refundable) Full Summer day camp \$100/week

Day by Day Camp Fee \$50/day Week by Week Camp Fee \$135/week

One time activity fee \$100.00 for summer

Student must bring their own lunch or lunch money

Payment Methods:

Cash, Cash APP: (\$2Boobear2), Venmo, Zelle (864-363-5753)

Release of Liability: In the event an accident occurs, I am aware that T-Motion Dance Studio does not provide accident insurance, and I will not hold T-Motion Dance Studio, directors, employees or authorized volunteers responsible for any injury.

Parent Initials: _____ Date: _____

Transportation Release: I give consent for my child to be transported by T-Motion Dance Studio staffs in T-Motion vehicles for pick up (if applicable) and field trips.

Parent Initials: _____ Date: _____

Emergency Care Release: In the event of an emergency in which I cannot be reached, I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization.

Parent Initials: _____ Date: _____

PG Movie: My child has permission to view movies rated PG and deemed appropriate by T-Motion Dance Studio.

Parent Initials: _____ Date: _____

Photo Release: I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of T-Motion Dance Studio promotional use.

Parent Initials: _____ Date: _____

Signature

Date

Pick – up Authorization form

We understand that children may be picked up by individuals other than their parent and/or guardian. In order to protect your child, we are asking that you let us know, in advance, if someone other than yourself will be picking up your child from T-Motion. To provide maximum safety for your child(ren) please provide information below (**other than you the parent**) who is allowed to pick-up your child. Pick up after 6:15 will incur a late pick up fee.

LATE PICK UP FEE \$25 plus a \$1.00 each minute after DUE AT TIME OF PICK UP _____ Intial

PICTURE ID's are required at the time of PICK UP (No exceptions) and a copy will be placed in the child's file for future references. If the person does not have a pictured ID present he/she will be unable to pick up your child until positive identified. _____ (Parent(s) Initial)

1. Name: _____

Cell: _____ Work: _____

Relationship to child: _____

2. Name: _____

Cell: _____ Work: _____

Relationship to child: _____

3. Name: _____

Cell: _____ Work: _____

Relationship to child: _____

If any of the above information change please inform T-Motion of such changes.

You may also provide your authorized person with a security word.
