

Starlight Ballet Camp

July 10-12, 2020



Please Fill Out

Dancer's Name: _____

Address: _____

Home Phone: _____ Parent's Cell: _____

Parents Name: _____ Dancer's Age: _____

Are you currently enrolled at Starstruck? Y / N

Email: _____

Payment: Cash, Check, Visa, Master Card.

CC#: _____ Exp. _____ CVC: _____ Zip Code: _____

Name on Card: _____

\$260 Advanced

Advanced:
8:45am-1:45pm

\$260 Int/ Advanced

Int/Advanced:
8:45am-1:45pm

\$210 Intermediate

Intermediate: 2pm-6pm

\$160 Junior

Junior: 1pm-4pm

Special Guest Teacher Caitlin



Grooms- Steele!

More Information

Taught by the ballet staff of Starstruck, Starlight Ballet Camp will have four levels this year. Advanced & Int/Advanced dancers will have 5 hours of instruction, Int will have 4 hours and the Juniors will have 3 hours of classes! For more information or to sign up for Starlight Ballet Camp please call 303-770-4480 or email starstruck@saodance.com.

Liability Waiver

As with other sports, there are risks involved with taking dance classes. Parents and students should be aware that injuries (including paralysis or even death) may occur in dance class. By enrolling your child in class or camp at Starstruck, you are assuming the risks involved with taking dance class.

I _____ (parent name) am fully aware of the risk associated with my child participating in a dance class (or team practice) at Starstruck. I will talk with my child about the risk and demand they listen to instruction from their teachers. I acknowledge that I currently have and will continue to provide adequate insurance coverage for my child's protection. I realize the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless, Starstruck, its employees, and all other concerned, and to indemnify them against loss. I jointly and severally hereby forever release, discharge, and acquit STARSTRUCK ACADEMY OF DANCE from any and all contracts, claims, suits, actions, or liabilities both in law and in equity specifically arising from, relating to or otherwise described as and limited to participation in any dance class including damages or injuries arising from or resulting from participation. This release shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives. In case of emergency, I give my permission for emergency medical treatment.

Signature: _____

Checks payable to
Non-Refundable

*Please fill out
back



Starstruck. *Fees

Liability Waiver on

Starlight Faculty



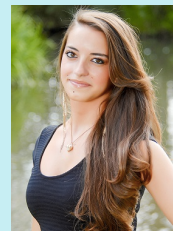
Louanne Davies



Chanel Odell



Lauren Hesse



Victoria Davies