

**Lancaster School of Ballet**  
CAROLYN TRYTHALL, DIRECTOR  
2690 Lititz Pike, Lancaster PA 17601  
(717)569-0955  
lancasterschoolofballet.com

**JUNIOR SUMMER CAMP 2012 REGISTRATION**  
**“FAIRIES IN THE GARDEN” & “BIRDS AND BUTTERFLIES”**  
**Registration & Deposit Due by April 14, 2012**

**Student's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **email address** \_\_\_\_\_

City State Zip

**Home phone** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Fairies in the Garden (June 18-22)**  **Birds and Butterflies (June 25- June 29)**

**Please check level: CM and K B**  **Primary I-III**

**Amount enclosed** \_\_\_\_\_

**Previous dance experience:**

**Type?** \_\_\_\_\_

**Where?** \_\_\_\_\_

**How long?** \_\_\_\_\_

A student's safety and well being is our first concern. Does the student have any physical or medical problems that the teachers need to be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

Please list emergency phone numbers with name: 1) \_\_\_\_\_

2) \_\_\_\_\_

**Medical Insurance Company** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

In consideration of my /my child's being accepted for enrollment, I do hereby waive and release any rights in myself and in my child to seek recovery from Lancaster School of Ballet, its agents, servants, employees, and representatives, for any and all losses, damages, injuries, costs, or expenses which may be suffered or incurred by reason of any injury sustained by myself of my said child, whether or not caused by the negligence or fault of Lancaster School of Ballet or its agents, servants, employees, or representatives, and I do hereby agree to indemnify and hold Lancaster School of Ballet, its agents, servants, employees, and representatives harmless against and from any claims and demands which might be asserted by any person or party against said Lancaster School of Ballet, its agents, servants, employees, or representatives for the recovery of said losses, damages, injuries, costs, or expenses.

**Date** \_\_\_\_\_ **Parent's signature** \_\_\_\_\_

Return this form to: Lancaster School of Ballet, 2690 Lititz Pike, Lancaster, PA 17601. Checks payable to Lancaster School of Ballet. Sorry, we are not able to give refunds after April 30th.