

FUSION DANCE CAMP

R e g i s t r a t i o n



Parents or Guardians: Please complete in entirety. One form per person.

Camp Info

FUSION is a week full of exciting classes, challenging activities, and vibrant worship designed to stimulate creative, technical, and spiritual growth and to provide campers with the opportunity to share their faith through modern and innovative movement. Each camper will have the opportunity to train in hip-hop, lyrical, jazz, and ballet with local dance professionals and a surprise celebrity guest instructor! The camp is open to students ages 7-18 and will run from 9:00 am - 5:00 pm starting Monday, August 9th through Friday, August 13th with a community showcase performance on Friday evening. Tuition for camp is \$225 and includes cost of all classes, training resources, and a free gift. Tuition does not include meals - campers will need to bring a sack lunch (drinks will be provided).

Camper Info

Name (Last)	(First)	Birth Date	Gender	T-Shirt Size (Adult Only)
Mailing Address		City	State	Zip Code
Phone Number	Alternate Phone Number	Email Address (Registration Confirmation will be sent via email unless USPS is requested here <input type="checkbox"/>)		
Legal Guardian 1: Full Name	Relationship to Camper	Work Phone	Cell Phone	
Legal Guardian 2: Full Name	Relationship to Camper	Work Phone	Cell Phone	
Church	Pastor	Address	Phone	
Primary & Secondary Style Focus (Hip-hop, Lyrical, Jazz, Ballet)		Years of Dance Experience	Are you currently enrolled at a dance studio? If so; where?	
Describe any past dance/performing experience				

Payment Info

Mail Registration & Payment: 6ft Studios 4370 Chicago Dr. Ste. B-185 Grandville, MI 49418 p: 616.604.1081 f: 616.604.1098 www.6ftstudios.com	Camp Tuition*	\$
	Early Bird Discount**	- \$
	Total	\$
	Amount Enclosed*** (\$100 registration fee required)	\$
	Balance Due (by July 9th)	\$

*First Child is \$225. Each additional child is \$158/child.

**Registration and full payment must be postmarked by 3/22/10 in order to receive \$40 off.

*** Non-refundable, but transferable to another non-registered camper.

Payment Type (Check, Visa, or Mastercard)	Card #	Exp. Date	3-digit Security Code
Name (as it appears on debit/credit card)	Signature of Parent or Guardian (as it appears on debit/credit card)	Date	

Office Use Only: Date Recd _____ **Amt Recd** _____ **Intl** _____

Permission Slip and Release Form

I/We, _____ hereby give permission for _____ to participate in any activities with 6ft Studios of Grandville, MI. I authorize 6ft Studios to transport my child to offsite activities. I also realize that my child's picture or testimony may be used in any 6ft Studios promotion; in print, web, or media. My child may receive e-mails from 6ft Studios.

I/We understand that my/our child will be under the care of and is responsible to the adult leaders and chaperones. I/We understand that all reasonable safety precautions will be taken by the leaders, and that the possibility of an unforeseen hazard does exist. I/We further agree not to hold 6ft Studios, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

In any event of an accident or acute illness requiring medical treatment at a clinic, hospital or by a physician, I/we hereby authorize the adult leaders and chaperones to authorize and secure any such medical treatment deemed necessary for my/our child. I have completed an "Authorization For Medical Treatment" form and am submitting it with this permission slip. A photocopy of this permission slip and "Authorization For Medical Treatment" form is deemed adequate.

Parent/Guardian Signature(s) _____ Date _____

Authorization for Treatment of Minors

Personal Information

Name of Minor	Birthdate	Allergies, Medications, Special Conditions
_____	_____	_____

I/We the parent(s) of the above minor do hereby appoint 6ft Studios' leaders and chaperones to act on our behalf in authorizing unexpected, medical, dental, surgical care, hospitalization for the above minor during any activities with 6ft Studios of Grandville, MI. Further, I/we understand that all efforts will be made to contact me/us prior to treatment. In the event I/we cannot be reached in an emergency, I/we give permission to the activity leader to make the decisions necessary for treatment.

This document shall be presented to a physician, dentist, or appropriate hospital representative at such a time as an unexpected medical, dental, surgical care or hospitalization may be required.

Name(s) of Parent/Guardian _____

Required Signature(s) _____

Address _____

Phone Number(s) where you may be reached in an emergency _____

Name, Address, and Phone Number of Family Physician _____

Emergency Contacts

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Insurance Information (Hospitalization coverage for above named minor)

Company or Program _____

I.D. or Contract Number _____

Please include a photocopy of both sides of the insurance card.