

CAMPS:  Conroe - Maximum  The Woodlands

# Academy of Performing Arts

Home of Lone Star Jazz - A division of Shaffer-Clark Inc.

## Camp Registration Form 20 \_\_\_\_ - 20 \_\_\_\_

\_\_\_\_\_  
Student's Name / \_\_\_\_\_ / \_\_\_\_\_  
Grade / Name of School

\_\_\_\_\_  
Home Address: Street / City / Zip Code / Home Phone #

\_\_\_\_\_  
Mailing Address: Street / City / Zip Code

\_\_\_\_\_  
Birth Date: MM/DD/YY / Who can we thank for referring you? / How you heard about us?

\_\_\_\_\_  
Student's Email Address / Parent's Email Address

\_\_\_\_\_  
Mother's Name / Home Phone / Work Phone / Cell Phone

\_\_\_\_\_  
Father's Name / Home Phone / Work Phone / Cell Phone

**This Waiver and Release is between the above indicated individual and/or their parent or legal guardian, (hereinafter referred to as "Participant") and Academy of Performing Arts, Home of Lone Star Jazz – A division of Shaffer-Clark, Inc., (hereinafter referred to as "Company").**

### **PLEASE READ AND INITIAL EACH OF THE PARAGRAPHS BELOW**

- \_\_\_\_\_ 1. Participant hereby acknowledges that there are risks of injury common to any performing arts program and that Participant hereby waives and releases the Company from and against any and all claims, actions, causes of action, damages, costs, liabilities, expenses of judgments, including but not limited to attorney's fees and court costs arising out of participation in this program.
- \_\_\_\_\_ 2. Participant hereby executes this Waiver & Release form to induce the Company to permit participation in Company's program.
- \_\_\_\_\_ 3. Participant understands that the Company carries insurance that provides coverage only when activities are performed within the confines of Company's studio and that all activities performed outside of Company's studio are not covered under Company's policy. Participant further understands, acknowledges and agrees that their participation in any activity outside of Company's studio is done at their own risk and expense and shall no bear to claim against Company for any reason whatsoever and as referenced in Paragraph 1 of this Waiver and Release.
- \_\_\_\_\_ 4. There will be a \$30 fee assess on any and all returned checks.

**I HAVE READ THE ABOVE WAIVER & RELEASE ALONG WITH THE RULES AND REGULATIONS AND UNDERSTAND THEM FULLY.** \_\_\_\_\_ INITIALS

I execute this Waiver & Release on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

PARENT'S SIGNATURE \_\_\_\_\_ PRINT PARENT'S NAME \_\_\_\_\_

#### FOR OFFICE USE ONLY

List of clinics in which student is enrolling:

Camp Name	Amount	Date Paid	Ck #	Cash	Credit Card #	CVV	Exp.
Princess Camp 6/8-12	- \$	Date Paid	<input type="checkbox"/> Ck #	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card #	CVV	Exp.
Princess Camp 6/15-19	- \$	Date Paid	<input type="checkbox"/> Ck #	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card #	CVV	Exp.
Music Camp 6/22-26 (V)	- \$	Date Paid	<input type="checkbox"/> Ck #	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card #	CVV	Exp.
Music Camp 6/22-26 (G)	- \$	Date Paid	<input type="checkbox"/> Ck #	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card #	CVV	Exp.
Music Camp 7/13-17 (V)	- \$	Date Paid	<input type="checkbox"/> Ck #	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card #	CVV	Exp.
Music Camp 7/13-17 (G)	- \$	Date Paid	<input type="checkbox"/> Ck #	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card #	CVV	Exp.
Dance Camp 6/29-7/3	- \$	Date Paid	<input type="checkbox"/> Ck #	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card #	CVV	Exp.
Dance Camp 7/6-10	- \$	Date Paid	<input type="checkbox"/> Ck #	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card #	CVV	Exp.
Hip-Hop Camp 7/20-24	- \$	Date Paid	<input type="checkbox"/> Ck #	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card #	CVV	Exp.
Hip-Hop Camp 7/27-31	- \$	Date Paid	<input type="checkbox"/> Ck #	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card #	CVV	Exp.
Mom Boot Camp 6/8-12	- \$	Date Paid	<input type="checkbox"/> Ck #	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card #	CVV	Exp.
Mom Boot Camp 6/22-26	- \$	Date Paid	<input type="checkbox"/> Ck #	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card #	CVV	Exp.
Mom Boot Camp 7/6-10	- \$	Date Paid	<input type="checkbox"/> Ck #	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card #	CVV	Exp.
<b>TOTAL FEES PAID</b>				- \$			

# Academy of Performing Arts

## Home of Lone Star Jazz

A division of Shaffer-Clark Inc.

### MEDICAL RELEASE FORM 20\_\_-20\_\_

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

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

I certify that \_\_\_\_\_ is physically capable of fulfilling the requirements needed to perform the physical activities associated with dance, exercise, gymnastics or other physically exerting during Academy of Performing Arts Clinics. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my child in the event of illness or injury during any LSJ related activity. If there is any physical or medical reason why she should not participate fully, LSJ requires a doctor's release. Furthermore, Academy of Performing Arts, Home of Lone Star Jazz and/or Shaffer-Clark Inc. is not liable for any illness or injury incurred at or as a result of Academy of Performing Arts / Lone Star Jazz dance rehearsal, performance, clinic or event.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### MEDICAL TREATMENT PERMISSION FORM:

In the event of an emergency during any LSJ practice, performance, or trip, I grant permission to Academy of Performing Arts, Home of Lone Star Jazz Owner and/or LSJ Staff consent for my child, \_\_\_\_\_, to receive treatment.

Mother's Name \_\_\_\_\_ Wk. Phone \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Wk. Phone \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dr. Name \_\_\_\_\_ Dr. Phone Number \_\_\_\_\_

#### ALTERNATIVE EMERGENCY CONTACT INFORMATION:

(Someone that your child feels comfortable with, in the event that we are unable to reach a parent)

Name \_\_\_\_\_ Phone \_\_\_\_\_

#### INSURANCE INFORMATION:

Name of your Medical Insurance Company: \_\_\_\_\_

Insurance Company's Phone Number: \_\_\_\_\_

Group Policy Number: \_\_\_\_\_

