



Ballet Arts Centre

Princess Camp 2026

Ages 3-6

Registration Form

Dancer's Name:

Last *First* *DOB:* _____

Father's Name:

Last *First* *Cell:* _____

Mother's Name:

Last *First* *Cell:* _____

Address:

Street Address

City *State* *ZIP Code*

Mom
Email:

Dad
Email: _____

Do you have any previous dance
experience? YES _____

NO

of Years _____

Do you have any allergies or health issues?

YES

NO

If yes, explain? _____

The BAC Princess Camp will run July 6th - 9th, Monday - Thursday from 9:00am - 11:30am. Tuition is \$225 for the week and is non-refundable. During camp dancers will take ballet and other different dance technique classes, as well as learn about dance through crafts, games, and fun creative movement exercises. Each day will be themed, and dancers will be asked to wear different princess attire for that day. The week schedule will be announced prior to the camp. Hair needs to be secured out of the dancer's face. There is no formal classroom observation space in our studio. Parents will be invited in to see what your dancer has learned during the last 15-20 minutes of class on July, 9th.

- My child has my permission to attend the BAC Princess Dance Camp
- I have completed and signed the medical information and liability release form.
- I have enclosed my tuition payment of \$ _____ to reserve my spot.

Signature: _____

Date: _____

**BALLET ARTS CENTRE
MEDICAL INFORMATION AND LIABILITY RELEASE FORM**

DANCER'S NAME _____ D.O.B. _____

PARENT CONTACT INFORMATION:

Father's Name _____

Mother's Name _____

Father's Contact Information _____

Mother's Contact Information _____

Emergency contact when neither parent can be reached: _____

Please list any allergies, medications or health issues: _____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH BALLET ARTS CENTRE OF JAX, INC. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, illness (Covid-19), disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Ballet Arts Centre of Jax, Inc. and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. Including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I hereby consent to receive and pay for medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

We, the undersigned, and parent(s) of _____, certify that we have read this document and fully understand the content. Additionally, we have read, understand, and agree to follow the current Ballet Arts Centre policies and procedures. We are aware this is a release of liability contract, we are signing it on our own free will.

Parent's Signature

Date

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Jacksonville, Florida 32207

904-399-5687
www.balletartscentre.com