

Shiloh Studio REGISTRATION FORM Summer Camp 1 & Camp 2 - 2008

STUDENT'S NAME _____

FIRST MIDDLE INT. LAST DATE OF BIRTH AGE

PARENT/GUARDIAN _____

FIRST MIDDLE INT. LAST RELATIONSHIP

ADDRESS _____

STREET CITY STATE ZIP

PHONE NUMBERS _____ E-MAIL _____

STUDENT'S T-SHIRT SIZE (circle one): CS CM CL S M L XL 2X 3X

The questions below are optional and are asked because the information is helpful when we apply for grant funding.

RACE: _____ SCHOOL: _____ GRADE: _____ CHURCH: _____

REQUESTED CLASSES		CAMP 1				Check Level
Class Name	Ages	Days	Time	Length	\$	Requested
Beginning Level	Ages 5 - 7	Mon-Fri	9 AM - 12 PM	3 hrs x 5 days	\$90	
Intermediate Level	Ages 8 - 11	Mon-Fri	9 AM - 12 PM	3 hrs x 5 days	\$110	
Advanced Level	Ages 12 & up	Mon-Fri	9 AM - 12 PM	3 hrs x 5 days	\$140	

REQUESTED CLASSES		CAMP 2				Check Level
Class Name	Ages	Days	Time	Length	\$	Requested
Beginning Level	Ages 5 - 7	Mon-Fri	9 AM - 12 PM	3 hrs x 5 days	\$90	
Intermediate Level	Ages 8 - 11	Mon-Fri	9 AM - 12 PM	3 hrs x 5 days	\$110	
Advanced Level	Ages 12 & up	Mon-Fri	9 AM - 12 PM	3 hrs x 5 days	\$140	

HOLD HARMLESS AGREEMENT - Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in program/programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of those program/programs. I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may have participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against Shiloh Studio of Dance and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may occur to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend Shiloh Studio of Dance and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the programs(s).

X _____ / /
SIGNATURE OF PARENT/GUARDIAN DATE

To complete your Registration please mail this form and a check payable to:
 Shiloh Studio - 910 Jungles Ave - Aurora IL 60505
 If Camp is going to start in less than a week
 please drop off or bring the first day of camp!