**HINTZE DANCE CENTER - 2020 Summer Camps Registration**

**DISNEY PRINCESS (ages 4-6)**

\_\_\_\_\_ **June 23-25** **at** ***HDC Fry***

\_\_\_\_\_ **July 14-16 at *HDC Fairfield***

**CHRISTMAS IN JULY (ages 5-8)**

\_\_\_\_\_ **July 14-16 at *HDC Fry***

\_\_\_\_\_ **July 28-30 at *HDC Fairfield***

**WHERE:**

**HDC Fairfield – 15055 Fairfield Meadows Dr #160**

**HDC Fry – 9212 Fry Road, Cypress Tx**

**TIME: 9:30am-12:00**

**PRICE: $99 PER CHILD/PER CAMP**

**What to Bring**: sacked lunch and bottled water

**What to wear**: comfortable clothes and shoes. Princess Camp, wear your princess dresses!

For more information: HDC Fry - 281-246-4888 hdcfry@gmail.com

HDC Fairfield - 281-213-4249 hintzedancefairfield@gmail.com

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian phone #’s Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date paid\_\_\_\_\_\_\_\_\_\_\_\_\_$ Amount Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment method \_\_\_\_\_\_\_\_\_\_\_\_\_

Checks payable to: **Hintze Dance Center**

RELEASE STATEMENT – Parent, Guardian, or Adult Student

In consideration of the benefits derived from Hintze Dance Center (HDC), I do hereby agree to indemnify and hold harmless, release, and discharge HDC and its staff from any and all claims of personal injuries or property loss or damages sustained by me/my child while participating in activities with HDC and its staff. I authorize emergency first aid care for myself/my child in the event that I/(s)he becomes ill or injured while attending HDC activities. I further authorize HDC and its staff to retain the services of an MD or other qualified medical personnel to treat me/my child in the event of a medical emergency. I agree to inform HDC in writing of any physical limitations and/or medical conditions that I/my child has, whether or not those conditions restrict my/my child’s full participation. I/My child may decline to participate in any HDC activity with prior written notice of at least 14 days to HDC. I give exclusive permission for HDC to use photographs and/or video images of me/my child for advertising and marketing purposes.

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_

Revised 4-14-2020