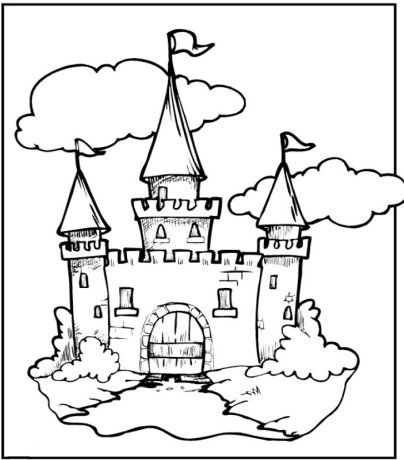


Dream, Dance and Play at Fantasy Dance Camp 2018



Presented by

Isabelle's Dance Time & Gail's School of Dance

DATES: JULY 10 - MOANA

JULY 18 - LEAP

JULY 23 - WRINKLE IN TIME

JULY 26 - BEAUTY & THE BEAST TEA PARTY

Time: 10:00am-12noon

Ages: 3-10 years old

Price: \$35/day Full Camp \$20 discounted price: \$120 if paid by June 30.

Late register \$45/Day Full Camp cost \$140

Camp description daily based theme includes:

- Proper stretching, crafts, games, story, dances & organic snack time
- Dancers encouraged to dress up in their favorite character
- **FULL CAMP** attendees receive **FREE** Camp T-shirt to be decorated.
- Beauty and the Beast Tea Party will be held July 26 during the last 30 minutes of class
- Appropriate dance attire required for camp. Must wear tights/socks with dance shoes.

Register and pay online: www.isabellesdancetime.com

Contact phones: 509-927-0972 or 509-922-4493

Emails: isabelle@isabellesdancetime.com or gaildancer@juno.com

Or register by cutting here below with medical information, waiver form and payment.

Registration Form: (By June 30 and Save \$20 get all for 4 days for \$120. LATE REGISTER COST \$140)

Student Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip code: _____

Cell Phone: _____ Home Phone: _____

Parent /Guardian: _____ Email: _____

Fantasy Camp Request: (Circle the days you wish to enroll): July 10 July 18 July 23 July 26

Fantasy Dance Camp T-shirt Size: _____ (FREE full camp or may purchase \$15) _____

Method of Payment: _____ Amount: _____ Date: _____

**SUMMER REGISTRATION 2018
MEDICAL INFORMATION/LIABILITY WAIVER FORM**

STUDENT NAME: _____

PHYSICIAN'S NAME: _____ **PHONE #** _____

HOSPITAL: _____

Are you currently taking any medications? _____

Explain: _____

Known Allergies: _____

Please list any past or present injuries or physical restrictions? _____

I, THE UNDERSIGNED, individually or as a Parent/Guardian on behalf of a minor, being over the age of (18) and of sound mind do declare:

- 1. That I wish to be enrolled in dance classes at Isabelle's Dance Time & Gail's School of Dance Fantasy Dance Camp knowing that this involves physical activity.**
- 2. That I am in good health or my physician has certified that I would not be harmed by my participation in any activity associated with the class(es):**
- 3. That in consideration for my acceptance into this program, I hereby for myself, my heirs, executors, administrators and assignees, waive, release and discharge any and all rights, demands and claims for damages that I may have against ISABELLE'S DANCE TIME & GAIL'S SCHOOL OF DANCE, ITS EMPLOYEES, MEMBERS OR AGENTS, for any and all injuries and losses related to me during the course of, or in any way connected with the above note dance program. I assume responsibility for my own medical and emergency expenses in the event of an accident, illness, or other incapacity. This release is effective for the period of one year from the date given.**

_____ **Date:** _____
Signature (Parent/Guardian if under 18)

**REGISTER ONLINE:
www.isabellesdancetime.com
OR RETURN FORMS TO:**

**ISABELLE'S DANCE TIME
4120 SOUTH SULLIVAN ROAD
VERADALE, WA 99037**

**ALL CLASSES HELD AT ISABELLE'S DANCE TIME STUDIO.
FOR FURTHER INFORMATION CALL (509) 927-0972 or 509-922-4493**