



SUMMER CAMP 2026

JULY 6 – 31

Student Name: _____

Date of Birth: _____ Age: _____ Allergies: _____

Parents' Names: _____

Home Phone: _____ Parent Cell: _____

Student Cell: _____ Other: _____

Address: _____

Email: _____

Emergency Contact: _____

Both Camps
Wk \$350/All \$1200
M-Th 9:00-5:00pm
& F 9:00-12:30pm

Theatre Camp
Wk \$185/All \$700
M-F 9:00-12:30pm

Dance Camp
Wk \$185/All \$700
M-Th 1:00-5:00pm

Boot Camp
Wk \$85/All \$325
T&Th 5:30-8pm

Creative Kids Club
Wk \$70/All \$250
M&W 10:00-12:00pm

July 7 _____

July 14 _____

July 21 _____

July 28 _____

Pre-Paid T-Shirt (\$15): _____

(Free camp t-shirt if you register before May 1, 2026. Please include shirt size.)

Deposit – Paid: _____ Cash, CC or Check #: _____ Date: _____

Balance – Paid: _____ Cash, CC or Check #: _____ Date: _____

Parent's Signature: _____

ArtStage provides equal opportunity, without regard to race, color, sex, age, religion, disabilities, or national origin for all of the classes, programs, activities and scholarships, generally made available at this school.

561.747.7409

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801 Maplewood Drive, Suite 22A, Jupiter, FL 33458

LIABILITY WAIVER AND RELEASE FORM SUMMER CAMP

Participant Information

Name of Dancer: _____

Date of Birth: _____

Parent/Guardian (if under 18): _____

1. Acknowledgment of Risk - I understand that participation in dance classes, rehearsals, and performances at **ArtStage Performing Arts Center** involves physical activity and carries the risk of injury, including but not limited to sprains, strains, falls, and other potential injuries. I acknowledge that my participation (or my child's participation) is voluntary and at my own risk.

2. Release of Liability - I hereby release and hold harmless **ArtStage Performing Arts Center**, its owners, instructors, employees, and representatives from any and all liability, claims, demands, and causes of action arising out of or related to any loss, damage, or injury (including death) that may be sustained while participating in dance-related activities on or off studio premises.

3. Medical Authorization - In the event of a medical emergency, I authorize **ArtStage Performing Arts Center** and its staff to administer first aid and/or obtain medical treatment for myself or my child. I agree to assume full financial responsibility for any medical services provided.

4. Photo & Video Release - I grant permission for **ArtStage Performing Arts Center** to use photos and videos of myself or my child for promotional purposes, including social media, advertisements, and website content.

I DO NOT consent to photo/video use.

5. COVID-19 and Health Acknowledgment - I agree not to attend class if I or my child are exhibiting symptoms of illness. I acknowledge the studio's right to enforce health and safety protocols as needed.

6. Agreement - I have read and understand this waiver and release form. I am aware that by signing this document I am waiving certain legal rights I may have against **ArtStage Performing Arts Center**.

Signature of Participant (if 18 or older): _____ Date: _____

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