



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 | Theatre Camp | Dance Camp | Boot Camp | Creative Kids Club |
|--------------------------------------|---------------------|--------------------|-------------------|---------------------------|
| Wk \$350/All \$1200 | Wk \$185/All \$700 | Wk \$185/All \$700 | Wk \$85/All \$325 | Wk \$70/All \$250 |
| M-Th 9:00-5:00pm & F 9:00-12:30pm | M-F 9:00-12:30pm | M-Th 1:00-5:00pm | T&Th 5:30-8pm | M&W 10:00-12:00pm |

| | | | | | |
|----------------|-------|-------|-------|-------|-------|
| July 6 | _____ | _____ | _____ | _____ | _____ |
| July 13 | _____ | _____ | _____ | _____ | _____ |
| July 20 | _____ | _____ | _____ | _____ | _____ |
| July 27 | _____ | _____ | _____ | _____ | _____ |

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

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**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: _____