

DANCE CIRQUE

The Greatest Showman - Circus Summer Camp REGISTRATION FORM – June 10–13, 2025 (1-4pm)

STUDENT NAME:	PARENT/GUARDIAN NAMES:		
DATE OF BIRTH: / /	ADDRESS:		
AGE:	CITY:	STATE:	ZIP:
CELL PHONE: () -	E-MAIL ADDRESS 1:		
HOME PHONE: () -	E-MAIL ADDRESS 2:		
EMERGENCY CONTACT NAME:	RELATIONSHIP:	EMERGENCY PHONE: () -	

Does your child have any physical, medical or psychological conditions the staff should be aware of? Yes No
If yes, please explain:

Styles most interested in:

(check all that apply)

- Aerial Silks Juggling Ringmaster Training
 Leaps Turns Dance Tricks Flexibility

Student T-Shirt Size:

- Child Small Child Medium Child Large Child X-Large
 Adult Small Adult Medium Adult Large Adult X-Large

Favorite Characters (from the Circus and The Greatest Showman film):

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____
4th Choice: _____ 5th Choice: _____ 6th Choice: _____

Do you own any character costumes you'd be willing to use for the performance? (check) YES NO

If so, please list costume options: _____

Camp Tuition: \$220

Early Bird Discount Price: \$195 (Pay by May 11 to save \$25)

Parents/guardians of enrolled campers must sign below, agreeing to the Waiver & Release, Refund & Cancellation Policy set forth by And All That Jazz! Performing Arts Center.

REFUND & CANCELLATION POLICY:

***Cancellations are subject to a \$50 Cancellation Fee. **Refunds will not be given after the camp has begun.*

By signing below I, _____(Name), accept and agree to the Refund & Cancellation Policy of the Dance Cirque Summer Camp. I also hereby allow any videography or photography taken to be used for promotional or other purposes by And All That Jazz! I give my permission to And All That Jazz! Staff to call a person listed above, and an ambulance, in the event of an emergency. I recognize the risks of injury inherent in any dance exercise program. Participating in And All That Jazz! Program is upon the express agreement and understanding that I am waiving and releasing And All That Jazz! and all teaching staff from any and all claims, costs, liabilities, expenses, and judgments, including attorney fees and court costs, (herein collectively "claims") arising out of participation in And All That Jazz instructional programs, performances and/or rehearsals, and any and all participation in any event or program given or sponsored by And All That Jazz!, or any illness or injury resulting from. I hereby, further agree to indemnify and hold harmless And All That Jazz! from and against any and all such claims.

I acknowledge that the participant, parent/guardian and all others living in the same household do not have any symptoms of illness (for COVID-19 or otherwise) including but not limited to fever, chills, sore throat, cough, congestion, body aches, stomach ache, tiredness, loss of smell/taste. I will not attend rehearsals or performances and notify And All That Jazz! staff immediately if anyone in my household develops any of these symptoms, or if anyone in my household has had direct contact with someone who has been exposed to COVID-19. I agree to follow CDC guidelines for safety at And All That Jazz!



SIGNATURE of Student's Parent or Guardian: _____ Date: / /

PAYMENT INFORMATION

Amount: _____

- Cash
 Venmo (@AATJ-PAC)
 Check made payable to **And All That Jazz**
 Credit Card (4% processing fee applies for CC transactions) Select one: Visa MasterCard American Express Discover

Card Number: _____ Name on Card: _____ Card Expiration Date: / / 3 or 4-digit Security Code: _____

E-MAIL THIS FORM TO: andallthatjazzpac@yahoo.com