



5604 Merrick Road
 Massapequa, NY 11758
 (516)795-7BDA (7232)
www.BroadwayDanceAcademy.net

BDA'S Summer Dance/Theater Camp Participant Registration Form:

Participant Information: **PLEASE ONLY ONE PARTICIPANT PER FORM**

Full Name: _____ Nickname: _____ Male _____ Female _____

Participant Date of Birth: _____ Age by July 12th: _____

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

Guardian Name: _____ Phone number: _____

Alternative Phone number: _____ Email: _____

_____ Is your child allergic to anything? If yes, explain:

Is your child currently taking medication? If yes, explain: _____

Please **circle** below what week(s) your child would like to participate in the BDA'S Dance/Theater Summer Camp.

Week 1. July 12th - July 16th **Week 2.** July 19th-July 23rd **Week 3.** July 26th -July 30th

Week 4. August 2nd -August 6th **Week 5.** August 9th- August 13th

Number of Weeks: _____

_____ x _____ per week = Amount Due: _____ Date Paid: _____

Total Amount Due (all participants): _____ Date Paid: _____

T-shirt size {please Circle} **Child:** SM MED LRG **Adult:** SM MED LRG XLRG

Parents must provide transportation to and from all Recreation Programs. Please notify the Director of the camp if someone else will be picking up your child. Pick drop off & pick up only in parking lot. Registration for all Sport Camps is on a first come, first served basis. Whoever pre-registered has the first choice.

REFUND POLICY: Refunds will only be issued under the following conditions:

- If a recreation or camp session is cancelled due to low enrollment.
- A child is injured or a medical condition that results in at least 5 consecutive days absence with a doctor's note.
- Refunds or Credits ***WILL NOT*** be given due to weather related cancellations, vacations, summer teams or any other reasons. Plan your schedule carefully. ****Summer Recreation Programs are contingent on enrollment****

*subject to change

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Waivers and Informed Consent:

By signing this form, I, as parent/guardian, permit Broadway Dance Academy & Performing Arts Inc. to use pictures of my child(ren) as a program participant in promotional literature, videos, and the BDA website. I understand my child(ren)'s name(s) will not be published.

I, as parent/guardian of _____ ("Child"), hereby assume all risks and hazards incidental to the conduct of the activities at Broadway Dance Academy and Performing Arts and transportation to and from the activities. My Child is fit for the program(s) in which I have enrolled him/her.

I HERELY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD'S PARTICIPATION IN ANY BROADWAY DANCE ACADEMY & PERFORMING ARTS PROGRAMS, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY BROADWAY DANCE ACADEMY AND PERFORMING ARTS PROGRAM(S).

I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING BROADWAY DANCE ACADEMY AND PERFORMING ARTS INC HEALTH CARE WITH BROADWAY DANCE ACADEMY AND PERFORMING ARTS INC., EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES(COLLECTIVELY "RELEASES") FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGN UP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY CHILD ENGAGES DURING THE SUMMER CAMP AT BROADWAY DANCE ACADEMY & PERFORMING ARTS INC., REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I understand that no insurance coverage for participants in these activities is provided by the Broadway Dance Academy and Performing Arts. By registering for this program, I understand and agree that if a portion of the program is unable to be completed due to unforeseen circumstances under responsibility of the Broadway Dance Academy & Performing Arts Inc., I will receive a prorated credit on my account for the uncompleted portion of the program. I also understand that no refunds or proration will be given for any other reason.

Photograph/Video Permission Photographs and/or video footage may be used in center publications, newspapers, the center website, advertisements, the center Facebook page, and on bulletin boards. The photos will only be used to portray children in a positive way, and to illustrate their activities here at Broadway Dance Academy & Performing. I also understand that my child may be featured in media coverage by educational entities and/or for school use.

*subject to change



Off Premise Waiver Form Broadway Dance Academy

Waiver and Release of Liability, Assumption of Risk and Consent and Indemnity Agreement

- 1) It is the policy of Broadway Dance Academy (hereinafter referred to as "BDA") that until such time as a student has completed class for the day, no student should leave the premises of BDA at any time without proper adult supervision.
- 2) Leaving the premises of BDA without proper adult supervision poses certain risks and dangers including, but not limited to, risk of bodily harm and injury. These risks and dangers may be caused by the students own actions, or the actions of others not associated with BDA. There may be other risks and social and economic losses whether known or unknown at this time that may occur.
- 3) It is also acknowledged that the staff of BDA are prohibited from, and not responsible for, the supervision of students who leave the premises of BDA in violation of this policy.
- 4) **HAVING BEEN MADE AWARE OF THIS POLICY, I HEREBY RELEASE, INDEMNIFY, SAVE AND HOLD HARMLESS BDA, and its owner, agents, officers, volunteers, employees and other participants (hereinafter referred to as the "Releasee"), from and against all liability, claims, demands, damages or causes of action arising from or the result of a student leaving the premises of BDA and further agree that if, despite this release, the student, or anyone on the student's behalf makes a claim against any Releasee named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS THE RELEASEE FROM ANY LITIGATION EXPENSES, ATTORNEY'S FEES, LOSS, LIABILITY, DAMAGE, OR COST THE RELEASEE MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

I have read this agreement, fully understand its terms and understand that I intend to be a COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW and agree that if any portion of this agreement is held to be invalid that the balance notwithstanding, shall continue in full force and effect.

Student Name(s): _____

Student's Signature: _____

Parent/Guardian Name(s): _____

Parent/Guardian Signature: _____

Date: _____

*subject to change