TAFA SUMMER CAMP 2015

4898 LaVista Rd., Tucker, GA 30084 (5 Days Per Week)

_____ June 1st – 26th, 2015 _____ July 6th – 24th, 2015

Registration Form

Place an "X" next to the Camp session(s) that apply

_____ Biweekly (Date_____)

_____ Monthly (Month_____)

Camper Information:

Child's Full Name: _____ Age: _____

Address: _____

Home Telephone: _____ TAFA Student (Y/N)?_____ Level: _____

Uniform size: _____

Known Allergies/Medical Conditions: _____

Does the child have any conditions which might limit his/her participation in our program? (Y/N) _____

If so, please provide details. _____

Parent/Guardian's Name: _____

Daytime Number: _____ Cell Number: _____

Email Address: _____

Emergency Contact Name: _____

Relationship to child: _____ Telephone: _____

I authorize the following people to pick up my child from Tucker Dance Academy programs.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Payment Information:

Place an "X" next to the method of payment.

_____ Cash _____ Check Check Number _____

Make checks payable to " Taylor Academy of Fine Arts".

Credit Card Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Registration Fee: $65

TOTAL _____

(ALL FEES ARE NON- REFUNDABLE)

Authorization and Consent:

I, _____, give my consent to enroll the above-named child in the specified program(s) conducted by Taylor Academy of Fine Arts and certify that I am legally entitled to do so. My signature also represents my authorization for the "TOTAL" above to be charged to the specified card (if provided), understanding that all fees are non-refundable. I understand that I must also submit a Medical Release, a Liability Waiver, a Release for Photograph/Video Use, and an Agreement to Transport to complete registration. All information provided herein is accurate and true to the best of my knowledge.

Signature _____ Date _____