





**Payment Policy:**

Camp fees must be paid in full at time of registration.

**Refund/Cancellation Policy:**

Refunds will be granted with 30 days' notice of camp date minus \$35 administration fee.

Refunds minus 50% will be granted with 15 days' notice of camp date.

Receipts will be provided once registration and payment are complete. Summer Camp receipts are often tax deductible.

I, the under signed parent/guardian of \_\_\_\_\_ do hereby consent to his/her participation in Step By Step School of Dance Summer Camp.

I acknowledge that participation in this camp may expose the above named camper to the possibility of injury. I grant Step By Step Summer Camp Staff the authority to obtain emergency medical treatment as necessary to insure that the above named camper is safe from further injury.

In consideration of Step By Step allowing this camper to participate in its Summer Camp, I agree to waive and release Step By Step from all claims for damages that may arise, other than by negligence of Step By Step, its employees and agents, as a result of my child's participation in its Summer Camp.

**Medication Administration Forms:**

Forms are available upon request to provide Staff of Step By Step permission to administer medication and/or emergency injections to campers during camp hours. Campers with a serious health concern are strongly encouraged to have proper identification on them at all times (i.e. Medic Alert Bracelet). All medications must be in an original container with a currently dated accurate pharmacy label.

**Media Waiver**

I am aware that the above named camper may appear in a photograph, or video, taken by camp staff or local media and that photograph or video may appear in a variety of media sources on behalf of Step By Step School of Dance. Step By Step School of dance will not divulge your camper's name without written permission.



Sign in /Out:

Sign in and Out is required. Please bring appropriate identification.

I acknowledge and confirm that I have read this entire document prior to signing below.

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Phone Number\_\_\_\_\_

\_\_\_\_\_  
Cell#\_\_\_\_\_