

# FRCBA Day Camp Registration Form

Student Name \_\_\_\_\_ Date of Registration \_\_\_\_\_

Full Address \_\_\_\_\_

Preferred Pronouns \_\_\_\_\_ Age at Registration \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Best email address for communication \_\_\_\_\_

Best phone # \_\_\_\_\_ Additional Phone # \_\_\_\_\_

Best person to contact if need arises during the day camp: \_\_\_\_\_

Best means to contact such person: \_\_\_\_\_

Date(s) of Day Camp(s) for which you are registering: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payment is due at time of registration. Payment may be made with CASH or CHECK (make out to FRCBA), or through the online WEBSITE STORE (additional \$5 fee applied). Please circle your method of payment. Payment is non-refundable unless the Day Camp(s) for which you have registered is/are cancelled by FRCBA.

Are there any health conditions FRCBA should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any behavioral or mental health issues that we should be aware of? If so, please list and describe below, as well as any details we should know in order to support your child. Please understand that we are a small organization with limited funds and staff and will do our best to accommodate, but are limited in our abilities to support all needs safely.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about FRCBA Day Camps? \_\_\_\_\_

## Liability Waiver and Acknowledgment of Risk

PLEASE READ AND SIGN BELOW

Registration is incomplete without signature. Please complete before Day Camp.

My signature on this agreement signifies that I (or my child/ren) will be using the Front Range Classical Ballet facilities at my (or his/her/their) own risk. I will not hold its owners, officers, directors, independent contractors, volunteers, employees or its affiliates responsible for any injuries or damage incurred by me or my child/ren. I acknowledge Assumption of Risk by accepting and agreeing to allow my child/self to participate in this program. I understand that I should be aware of my (or my child's/children's) physical limitations and agree not to exceed them.

I have read, understand and agree to be bound by the above statement. (Please print your name, sign, and date below.) If under 18, a parent or legal guardian must sign.

Name of Responsible Party (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

For (Name of Student/s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

## Photo Release Form

I grant permission for the Front Range Classical Ballet Academy to use photos of my child/ren for publicity purposes.

Name of Responsible Party (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

For (Name of Student/s): \_\_\_\_\_

\_\_\_\_\_

Date Signed \_\_\_\_\_



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