

**MISS FELICIA'S DANCE MINISTRY AT CHRIST CHURCH**  
**SUMMER CAMPS REGISTRATION FORM**

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
AGE DURING CAMP

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY & ZIP CODE

\_\_\_\_\_  
PARENT(S) NAME(S)

\_\_\_\_\_  
HOME PHONE NUMBER

\_\_\_\_\_  
CELL PHONE NUMBER

\_\_\_\_\_  
OTHER EMERGENCY CONTACT/PHONE NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
MEDICAL CONCERNS & FOOD ALLERGIES

WAIVER AGREEMENT:

I DO HEREBY WAIVE AND RELEASE ANY RIGHTS AND CLAIMS FOR DAMAGE THAT I MAY HAVE AGAINST FELICIA H. RHODEN (DIRECTOR OF DANCE) DBA MISS FELICIA'S DANCE MINISTRY, HER TEACHERS AND ASSISTANTS, CHRIST EPISCOPAL CHURCH, AND THE EPISCOPAL CHURCH IN THE DIOCESE OF FLORIDA, INC., FOR ANY AND ALL INJURIES SUFFERED BY A STUDENT IN CONNECTION WITH THIS DANCE PROGRAM OR FACILITIES. F.U.B.O. CHRIST CHURCH.

**BOTH PARENTS MUST SIGN & DATE THIS FORM BELOW**

**UNLESS PARENTS ARE SEPARATED OR DIVORCED, IN WHICH CASE THE CUSTODIAL PARENT MUST SIGN.**

\_\_\_\_\_  
*FATHER*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*MOTHER*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*LEGAL GUARDIAN*

\_\_\_\_\_  
*DATE*

**CIRCLE CAMP SELECTION:**

\* **ACRO CAMP**/INTERMEDIATE/ADVANCED, MUST SIGN UP AND PAY IN FULL BY 4/15/19, MIN. OF 10 KIDS NEED TO BE ENROLLED (5/28/19-5/31/19, 5:00-7:00 PM, \$120)

\* **PRINCESS/PRINCE** CAMP FOR AGES 2 ½- 5 YRS (6/3/19-6/7/19, 9:30-11:30 AM, \$170)

\* **HIP HOP CAMP**, (6/3/19-6/7/19, 5:30-7:30 PM, \$150)

\* **NEW POINTE DANCERS ONLY**-MON. AND TUES. 5:30 CLASSES (7/9/19-7/11/19, 10-12 PM, \$90)

\* **JR POINTE CAMP**, MON AND TUES 5:30 CLASSES (7/15/19-7/19/19, 9:30-12:30 PM, \$225)

\* **BALLET TECHNIQUE**, AVAILABLE TO MON. AND THURS. 4:30 CLASSES, JR POINTE CLASSES AS WELL AS SR POINTE DANCERS, THIS WILL BE A CONDITIONING, BARRE, TECHNIQUE & VARIATIONS CLASS (7/22/19-7/26/19, 3:30-6:00 PM, \$200)

\* **SR POINTE CAMP** FOR MON. 7:00 PM AND TUES. 6:30 PM CLASSES (7/29/19-8/2/19, 9:30-12:30 PM, \$225)

**\*\*\*ATTACH FULL TUITION OR A NON-REFUNDABLE DEPOSIT OF \$95 PER CAMP TO THIS FORM TO HOLD YOUR SPOT (EXCEPT FOR ACRO CAMP, MUST BE PAID IN FULL). ANY REMAINING BALANCE WILL BE DUE ON THE FIRST DAY OF CAMP.**

MAKE CHECK PAYABLE TO FELICIA RHODEN/ CHECK# \_\_\_\_\_ AMT \_\_\_\_\_

**THIS SIGNED ORIGINAL FROM MUST BE TURNED IN BEFORE PARTICIPATION IN CAMP IS ALLOWED**

**PLEASE RETURN COMPLETED FORM AND CHECK TO CHRIST EPISCOPAL CHURCH MAIN OFFICE (400 San Juan Drive, Ponte Vedra Beach, FL 32082).**