

RIVER REGION BALLET, INC.
CAMP/WORKSHOP REGISTRATION
PLEASE PRINT OR TYPE

Student Information

Name _____ Birthdate _____ Age _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email Address _____

Parent/Guardian Name _____

T-shirt size _____ Circle One: Female Male Dance _____ Grade & _____
School _____ School _____

Student Medical Information (Allergies and other important information) _____

In Case of Emergency and parents can't be reached, please contact (name other than listed above):

Primary Contact _____ Relationship _____ Phone Number _____

If Additional Contacts are required, please e-mail information to rrbinc94@gmail.com

Photo/Liability Waiver

My child has permission to participate in River Region Ballet, Inc.'s Camp/Workshop. RRB has the right to use photos of my child for promotional purposes. Photos could be from class time, rehearsals, performances, etc.

I understand that in the event of an emergency, every effort will be made to contact the people named above, but RRB reserves the right to exercise judgment in calling 911 in the case of an emergency.

I understand that my child's participating in RRB is potentially hazardous, and I assume full and complete responsibility for any injury or accident which may occur while my child and I are traveling to or from RRB events, during RRB events, or while I am on the premises of a RRB event. I am also aware of and assume all risks associated with my child's participating in RRB and RRB's events. I understand and agree that in consideration of my child's being permitted to participate in the event, that I, for myself, my child, and my heirs and executors, hereby waive, release, and forever discharge RRB, and its directors, agents, representatives, successors, and assigns, and all other persons associated with RRB and a RRB event, from all liabilities, claims, actions, or damages that I or my child may have against them, arising out of or in any way connected with my child's participation in RRB. I understand that RRB expressly disclaims all warranties of any kind, express or implied. I acknowledge and agree that I am signing this Agreement and Waiver freely and voluntarily and intend my acceptance to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I, knowingly and willingly consent for _____ to participate in River Region Ballet, Inc Summer Dance Camp/Workshop during the COVID-19 pandemic. I understand that due to other campers attending and the characteristics of the virus, my child has a risk of contracting the virus simply by being at camp/workshop. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing. **To prevent the spread of the contagious virus and to protect each other, I and my child understand that we will have to follow the camp's strict guidelines.**

I further understand that any fee paid is non-refundable and non-transferable. The \$30.00 fee is due with the completed registration form. Mail form and check to River Region Ballet, Inc.; PO Box 845, Destrehan LA 70047. Checks payable to River Region Ballet, Inc.

Parent/Guardian Signature _____ Date _____