

Pacific Arts Center & Dance Studios

10469 Santa Monica Blvd., Los Angeles CA 90025

Tel. 310.481.9966. Email: info@pacificartscenter.com

Visit our web site at www.pacificartscenter.com



S Summer Camp Registration Form

Please note that fees are due upon registration. There is a no-refund policy in effect.

Check here if your address has changed in the past year.

last name first name phone cell

home address city/state/zip email address

parent's name (for kids) emergency number

age (for kids) any physical issue we should know about?

Referred by: _____
[individual, advertising (please specify which), other]

Please note that neither Pacific Arts Center nor any of its instructors are responsible for any injuries that may occur during classes. By filling out this form you give Pacific Arts Center your permission to use photographs taken of your child for promotional purposes. No refunds are given in cases of homesickness or disciplinary action. Any credit on the account expires after one year.

[please print your name and provide a signature]

Credit Card # Exp. date
Amex Visa Master Card Check

Signature

_____ Total

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This form must be signed by a parent or guardian before registration can be processed

_____ name of child

I do hereby grant my permission to Pacific Arts Center Day Camp to transport the above-named child off the property for the purpose of medical care, or programs deemed appropriate by the Director.

In the event that I cannot be reached in an emergency, I hereby grant permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the above-named child.

Pacific Arts Center Day Camp has my permission to use photographs taken of my child while at camp for promotional purposes.

No refunds are given in cases of homesickness or disciplinary action. I will notify the Director of Assistant Director if my child has any serious restrictions to his/her participation in the camp program.

Pacific Arts Center does not provide accident or injury insurance to its participants.

Special Medical Conditions We Should Know About: _____

I, the undersigned, as Parent/Guardian of the above-named minor do hereby release Pacific Arts Center Day Camp, its employees and instructors, from any and all liability from any accidents which may occur while my child is in our care.

_____ Signature of Parent/Guardian Date