

**Dancewerks LLC**  
**NATIONAL REGISTRATION FORM**

Please print 2 copies (one for your records and one to send), fill out all information, include this form  
**Deposits are Non-refundable** / Workshop admittance based on first-come-first-served.

**WITH DOWN PAYMENT BY JUNE 20, 2024 – CHECK MADE PAYABLE TO DANCEWERKS – SEND TO:**

**Balance of Full  
Payment Due:  
July 10, 2024**

**DANCEWERKS**  
616 South Street  
Barrington, Illinois 60010  
847.382-1699

**CLASS SIZES ARE  
LIMITED**

Please print out form and fill out completely:

(DOWN PAYMENT)



- |  |              |         |
|--|--------------|---------|
| <input type="checkbox"/> <b>4-DAY MAIN CAMP</b>  | <b>\$485</b> | (\$300) |
| <input type="checkbox"/> <b>Chicago Day of Dance</b> (must be enrolled in Main Camp / ages 13 and up)  | <b>\$125</b> | (\$ 60) |
| <input type="checkbox"/> <b>Digital Media Package – Video of Finale Performance &amp; highlights</b><br>(discounted rate: \$30.00 - AFTER July 1: \$45.00) | <b>\$30</b>  |         |

**TOTAL AMOUNT OF ENCLOSED CHECK & CHECK NUMBER** Check # \_\_\_\_\_ \$ \_\_\_\_\_

**REMAINING BALANCE to be paid by July 10th** (Balance owed) \$ \_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **STUDIO NAME** \_\_\_\_\_

**EMAIL ADDRESS (print neatly)** \_\_\_\_\_

**DANCEWERKS COMPLIMENTARY CAMP SHIRT (Main Camp only) SIZE (circle one)**

**MALE   FEMALE   CS   CM   CL   AS   AM   AL   AXL**

(SHIRTS ARE NOT EXCHANGEABLE!)

**RELEASE FORM**

Please read this form carefully and be aware that in signing up and participating in DancewerksLLC programs, you will be waving and releasing all claims for injuries you might sustain arising out of this program. As a participant in the DancewerksLLC programming, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, damages or loss, which I may sustain as a result of participating in any and all activities with or associated with such programs. I agree to waive and relinquish all claims that I may have as a result of participating in the programs against DancewerksLLC, and any participating facilities, and its officers, agents, servants, and employees, and independent contractors. I do hereby release and discharge DancewerksLLC, and its officers, agents, servants, and lawyers and independent contractors from any, and all claims from injuries, damage, or loss, which may accrue/occur to me on account of my participation in the programs. Including transportation, services, and vehicle operations, when provided. I further agree to indemnify and hold, harmless and defend DancewerksLLC and its officers, agents, servants, and employees and independent contractors from any, and all claims, resulting from injuries, damages, and losses sustained by me, and arising out of, connected with, or in any way associated with the activities of the programs. I agree to the terms of the photo video policy. I have read and fully understood the above program details and waiver and release all claims. Participants or their legal guardian, must sign this waiver. DancewerksLLC will consider a facsimile signature as original.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE