

western Arkansas
BALLET
Summer Dance Camps



2022

REGISTER NOW

Please complete the registration form below and medical release and return with your tuition to:

Western Arkansas Ballet
Summer Camp 2022
4701 Grand Ave
Fort Smith, AR 72904

or email to info@waballet.org and pay online through your parent portal account.

Dancer's Name (please print): _____

Age: _____ Birth Date: ____/____/____ Gender (circle one): M / F

Parent/Guardian's Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Circle the camp that your child will be attending
Please complete a separate registration form for each dancer.

Sleeping Beauty-\$75
June 13-17
10:00 a.m. – 12:00 p.m.
Ages 4-5

Nutcracker -\$75
June 13-17
1:30 p.m. – 3:30 p.m.
Ages 6-7

Elevé Dance Workshop-\$150
June 13-17
9:30 a.m. – 2:00 p.m.
Ages 10-14

Coppélia Ballet Camp-\$85
June 20-22
10:00 a.m. – 2:00 p.m.
Ages 8-9

Hip Hop Camp 1-\$35
June 20-22
1:00 p.m. – 2:00 p.m.
Ages 8-9

Hip Hop Camp 2-\$35
June 20-22
2:15 a.m. – 3:15 p.m.
Ages 10 & Up

Classes will be filled in the order in which registrations are received. **Registration deadline is one week prior to the camp beginning.** *Receive a 10% discount if your dancer registers for multiple camps

Financial-need scholarships are available through the Nancy Wood Scholarship Fund or the Ray Moore Scholarship Fund. Call 785-0152 for scholarship information.

Dance Camp 2022

Medical Information and Release Agreement Form

Name: _____

Age: _____ Birth date: ___ / ___ / ___

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Doctor's Name: _____ Doctor's Phone: _____

Hospital: _____ Hospital Phone: _____

Insurance Company: _____ Insurance Phone: _____

Policy Number: _____

Does your child have any allergies? Yes _____ No _____

If yes, explain: _____

Does your child have any current injuries preventing 100% participation? Yes _____ No _____

If yes, explain: _____

My child has permission to take: Aspirin _____ Tylenol _____ Advil _____ Other _____

In case of emergency call:

Name: _____ Phone: _____

Name: _____ Phone: _____

The undersigned has adequate health and medical insurance coverage and will not look to Western Arkansas Ballet in any way whatsoever for any damage, injury, or claim which might arise out of his/her participation in dance activities. In case of an emergency, I give Western Arkansas Ballet permission to seek medical help for

Dancer's Name (Please Print)

Parent/Guardian's Signature

Date