



## Frozen Mini Camp 2020 Registration Form

Student's Name (Last, First)

Date of Birth

Age

Parent's Name (Last, First)

Email

Main Phone

Alternate Phone

Street Address

City

State

Zip

Session I or II

Dates/Times

Please list any food allergies: \_\_\_\_\_

**Parent Consent:**

Storybook Ballet is not responsible for any injury occurring to students while on the premises. Please inform us of all medical conditions at the time of registration.

\_\_\_\_\_  
Parent/Guardian Signature      Date

**Photo Release:**

Storybook Ballet may take a photo of your dancer. We may use these photos for publicity purposes such as but not limited to: our website, Facebook, etc.

\_\_\_\_\_  
Parent/Guardian Signature      Date

To decline photo release, check here:

\_\_\_\_\_ \$60.00 Payment enclosed  
(payable to Storybook Ballet)

Please submit registration form and payment to:  
Storybook Ballet  
726 N. Midvale Boulevard, Suite B20  
Madison, WI 53705