

2024 PTDW Thanksgiving Camp Registration Form

Please fill out clearly and in pen

Student Name: _____ Date of Birth: _____

Student Age: _____ Grade: _____ Gender Pronouns: _____

Parent/Guardian: 1: _____ 2: _____

Phone 1: () _____ Phone 2: () _____

Address: _____ City: _____ Zip: _____

Email: 1: _____ 2: _____

Please check here to opt out of our email list

Name(s) of anyone else who may pick your child up: _____ Phone: _____

★ We will only release students to parents and parent-approved adults, so please be sure to let us know if anyone has permission to pick-up your kids.

Name: _____ Phone: _____

- **Are there any food allergies or medical/developmental conditions** (asthma, etc. - please explain)? Initial: _____ ★
- **No nut products on the premises please, we have students with severe allergies.** Initial: _____ ★
- **We expect masking to continue to be optional by this summer, but please note that we reserve the right to re-implement our Covid Policies if and when it becomes necessary.** Initial: _____ ★

■ **Photo/Video Release:** I hereby grant PTDW the absolute and irrevocable right and permission, with respect to photographs, videos, and audio recordings taken or made of the named student or in which the student may be included with others; to use, re-use, and publish the same in whole or in part in any and all media including use on the internet, now or hereafter, and for any purpose whatever for promotion/marketing, publication, and advertising. Use of photographs, videos, and audio recordings is granted without any restriction as to changes or alterations and I waive any right to inspect or approve the finished versions incorporating the photograph, video, and/or audio recording, including written copy that may be created and appear in connection therewith. I agree that PTDW owns the copyright in these photographs, videos, and/or audio recordings and I hereby waive any claims I may have based on any usage of the works derived therefrom. I release and discharge PTDW and its employees, assigns, licensees, successor in interest, and legal representatives from any and all claims and demands arising out of or in connection with the use of these photographs, videos, and/or audio recordings, including without limitation any and all claims for libel or invasion of privacy. The photographs, videos, and/or audio recordings will not be sold to any other firm or organization.

_____ Agree / _____ Disagree Initial: _____ ★

This Camp is for kids ages 6-12 years.

Hours run from Mon, Nov. 25 & Tues, Nov. 26, 8:30am – 3:30pm:

- **Drop-off: 8:30-9:30am**
- **Activities: 9:30-3:00**
- **Pick-up: 3:00-3:30pm**

Camp total: \$100 if paid by cash or check, \$104 if paid via PayPal/Credit/Debit (with 4% fee)

Method of Payment: ___Cash ___Check (Payable to PTDW) ___PayPal/Credit/Debit

★For PayPal payments, please request an invoice at office@trokanski.com

Refund Policy: Refunds will not be given except in the case of injury with a doctor's letter or if there is not adequate registration for the camp to run.

Parent Signature: _____

Date: _____

Registration forms may be dropped off, emailed, or mailed with complete payment to:

Pamela Trokanski Dance Workshop
2720 Del Rio Place
Davis, CA 95618

Registration will be accepted until each camp is full.

Office use only:

Total # of camps: _____

Amount owed: _____

Siblings? _____

Paid \$/✓/EFT: _____

Date: _____

Paid in full? Yes No

Additional Payment _____

Allergies/Medical conditions?

Initialed No Nut Policy?

Release Form on file?

Photo/Video Release?

Opt out?

Initials: _____