

# Coupé Junior Summer Program 2020

430 Market Street, Nanuet, NY 10954 ♦ 845 623 2808 ♦ [www.coupedance.com](http://www.coupedance.com)

**Junior Summer Camp:** 6 & 7year old students: 10:00am-3pm \* 4 classes a day

## 5 Days a week program

Week 1: Monday June 29 <sup>th</sup> – July 3 <sup>rd</sup> 2020	\$450*	<input type="checkbox"/>	Includes 1 show ticket & transportation
Week 1&2: Monday June 29 <sup>th</sup> – July 10 <sup>th</sup> 2020	\$850*	<input type="checkbox"/>	Includes 2 show tickets & transportation
Week 1,2,3: Monday June 29 <sup>th</sup> – July 17 <sup>th</sup> 2020	\$1300*	<input type="checkbox"/>	Includes 3 show tickets & transportation

**\*Students must register by March 1, 2020 in order to qualify for this price. Registration is complete on payment of 50% non-refundable deposit. Summer tuition must be paid in full by May 31, 2020.**

**Registrations received after March 1, 2020 will be subject to a 5% increase in fees.**

**Registrations received after April 1, 2020 will be subject to a 10% increase in fees.**

**Please note: There will be no refunds for days missed, all programs are subject to enrollment.**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is your child a current student Yes \_\_\_\_\_ No \_\_\_\_\_ Please List Allergies \_\_\_\_\_

## NEW STUDENTS ONLY:

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

Best number to call during camp hours: \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us \_\_\_\_\_

Additional Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Cell Phone Provider: \_\_\_\_\_ Email: \_\_\_\_\_

*Waiver of Liability: I agree that I will not hold Coupé Theatre Studio, Inc, or any member or employee of the same, liable for injuries sustained, or illness contracted by me or my child while a student of Coupe Theatre Studio, Inc. I agree to abide by the rules of the Studio.*

*I give permission for Coupé Theatre Studio to publish photographs of my child for use in printed advertising material, and on the internet.*

***I have read the above policy statements and waiver of liability and hereby agree to comply with them.***

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

OFFICE USE: Date received \_\_\_\_\_ Deposit paid \_\_\_\_\_ Cash/Check/CC \_\_\_\_\_

Total cost of Program \_\_\_\_\_ PIF Date: \_\_\_\_\_ Cash/Check/CC \_\_\_\_\_

## Coupé Summer Camp Parent Waiver Form 2020

### TUITION:

All deposits are non-refundable, tuition must be paid on or before May 31<sup>st</sup> 2020, please note a \$20 late fee will be added to the account if paid after the due date.

### TRIP PERMISSION FORM:

I give permission for my child \_\_\_\_\_ to go with Coupé Theatre Studio staff to the trips selected for this year's summer students. My child will ride the school bus to and from the performance. If I choose to pick my child up after the performance I need to contact the studio in writing 2 days before the scheduled trip (By Monday 5pm) my contact number is \_\_\_\_\_. I agree to be at the theatre prior to the show ending and will wait for my child to come out of the theatre. If for any reason I am late Coupé staff will not wait and my child will be brought back to the studio on the bus.

### PHOTOGRAPHY:

Please Initial \_\_\_\_\_

I authorize Coupé Theatre studio to publish photographs of my child along with his/her name, for use in Coupé's printed publications and websites. I acknowledge that my child's appearance in publications and websites produced by Coupé is voluntary and there will be no financial compensation. I further agree that my child's appearance in any publication and website produced by Coupé confers upon me no right of ownership. I release Coupé Theatre Studio, its contractors and its employees from liability for any claims by me or any third party in connection with my child's participation. This agreement is made under the laws of the state of New York, which governs such agreements.

### WAIVER OF LIABILITY:

Please Initial \_\_\_\_\_

I agree that I will not hold Coupé Theatre Studio, nor any employee, liable for injuries sustained or illness contracted while a student at the Studio. I also authorize Coupé Theatre Studio personnel to take emergency measures that are appropriate.

**I have read and understand all the policies of Coupé Theatre Studio, photography release information and this waiver of liability, and hereby agree to comply completely with them.**

### AGREED TO AND ACCEPTED

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*Parent Signature*

*Date*