MYSTICAL'S DANCE COMPANY SUMMER 2024 FORM

4289 Clark Road Sarasota, FL 34233

Student Info: Student's Name:	Aller	gies:		
(Please fill out if Student is NE	W to MDC):			
Birth Date:	Age:			
Home Address:		City:	Zip Code:	
Parent(s)/Guardian Info:				
Mother's Name:	Father	Father's Name:		
		Cell Phone #:		
		E-mail Address:		
Emergency Contact:				
Name:	Relation:		Phone #:	
COVID WAIVER & LIABILITY RELEAS				
l,				
activity, and I, on behalf of myself a		•	-	
waive and release Nicole Calabrese		•		
Instructors and Staff from any and a		•		
in anything relating to Mystical's Da	ance Company. By signing this	agreement, I ad	cknowledge the contagious	
nature of COVID and voluntarily as	sume the risk that my child(re	en) and I may be	exposed to or infected by	
COVID by being at Mystical's Dance	Company, and that such expo	osure of infection	on may result of becoming	
exposed to our infected by COVID n	nay result from the actions, or	missions, or neg	ligence of myself and others	
including, but not limited to, Mystic	al's Dance Company's employ	yees, Director, S	taff, volunteers, participants	
and their families.				
Signature of Parent/Guardian:		Date:		
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PLEASE INDICATE BELOW WHAT CA				
June 24 th - 28 th = TIK TOK T	HEME		\$105 \$105	
July 8 th – July 10 th = HOLID	AVS IN IIII VI		¢185	
July 15 th - 19 th = TOTALLY N	IFONI		\$185	
July 15 - 15 - 10 TALE! IN	ILOIV:		\$105	
ALL 4 WEEKS = \$620 (SAV	INGS OF \$120) = <u>NON REFUNI</u>	DABLE BUT TRA	NSFERABLE	
** Parent/Guardian must be respon	nsible for their child's own lun	ıch. Mystical's D	ance Company will provide a	
snack during movie time each day.				
TOTAL:	_ PMT:	_DATE:		
(PAYMENT MUST BE PAID IN F		_		
PAYMENT IN FULL OF \$	6620 MUST BE PAID IN FULL I	PRIOR TO FIRST	WEEK OF CAMP)	

We accept: Cash, Checks made out to MDC, Venmo or Zelle