

D Dance Spot- Summer Camp Policy

Welcome and thank you for choosing D Dance Spot Academy as your primary SUMMER CAMP program. You have made an excellent choice to enrich your child's dance experience. The combination of movement, music, and activities will excite, delight, and motivate your child all season long. The following list provides information regarding policies and other concerns about our program. If you have any further questions about the camp, please contact our office at: 424-666-8771.

ATTENDANCE

If your child is sick, please notify the office ASAP. For obvious reasons, please do not bring in a sick child to the studio. Due to company policy, we are unable to refund/credit any account or any missed days. WE DO NOT OFFER TRIAL DAYS.

SIGN IN POLICY

Please sign in your child's name and arrival time when dropping him/her off and be sure they have everything needed for the duration of the camp day. For any special arrangements, please notify the office staff in writing.

EXIT POLICY

Please sign your child out and let D Dance Spot Academy staff know when you are leaving with your child. Please inform our front office when you arrange for someone outside of your family to pick up your child. To ensure the safety of our campers, please notify the office staff by phone or in writing with the name and description of the person. Pick up is promptly at 2pm, extended care is not available.

EMERGENCY INFORMATION & RELEASE FORM

Please complete the emergency information sheets that must be complete before a camper can participate in any activity. All applicants must include ALL pages from the camp handbook or will be considered incomplete.

GENERAL RELEASE

My child/children is/are enrolled at D Dance Spot Academy. While attending the camp, D Dance Spot Academy and adult members of its staff are entrusted with the care of my child/children. I hereby give D Dance Spot Academy permission to teach and partake in my child's curriculum. In addition to this consent, I hereby acknowledge that I, Parent or legal

guardian of camper(s), assume full responsibilities of all costs endured in the program while child/children is/are enrolled. Any outstanding balance will be forwarded to a formal independent collection firm, if needed.

I, the undersigned, understand all rules and regulations set forth by D Dance Spot Academy and set forth my signature as evidence that I recognize all policies.

HEALTH INFORMATION/RELEASE FORM

Field	Information
Health/Accident Insurance Company	
Policy Number	
Allergy to any medication, food, plant, animal, or insect toxin?	YES () NO ()
If yes, explain:	
Any condition that may require special care, medication, or diet?	YES () NO ()
If yes, explain:	
Mother's Name	

Phone

Father's Name

Phone

Emergency Contact Name

Phone

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in D Dance Spot Academy I represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue D Dance Spot Academy, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations; and further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim

against any of the Releases, I will indemnify, save, and hold harmless each of the releases from any loss, liability, damage, or cost which may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement and assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be valid the balance, notwithstanding, shall continue in full force and effect.

EMERGENCY CONSENT TO TREAT

I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid my child and prevent further injury and/or death. I give permission to the emergency care physicians, support personnel, and the D Dance Spot Academy to do what they deem necessary in my child's best interests.

Field	Signature Block
Print Name of Parent/Legal Guardian	_____ —
Signature	_____ —
Date	_____ —
Initial (Non-Refundable)	_____

MEDIA RELEASE CONSENT

I hereby give permission for D Dance Spot Academy to photograph and/or record video of my child during classes, events, and camp activities. I understand that these images or recordings may be used for promotional purposes including, but not limited to, the studio's website, social media pages, printed materials, or local media. I waive any right to royalties or compensation arising from the use of these images.

INSURANCE LIABILITY WAIVER

I understand that D Dance Spot Academy does not provide health or accident insurance for participants in its programs. I acknowledge that it is my responsibility to provide adequate insurance coverage for my child. By signing this document, I waive the right to hold D Dance Spot Academy, its staff, instructors, and affiliates liable for any injury or damages that may occur during participation in any studio activity, to the fullest extent permitted by law.

CODE OF CONDUCT POLICY

D Dance Spot Academy maintains a safe, respectful, and inclusive environment. Disruptive, aggressive, or inappropriate behavior will not be tolerated. The studio reserves the right to dismiss any child from the program, temporarily or permanently, at its sole discretion, without refund, if their behavior jeopardizes the safety, well-being, or experience of others.

REFUND AND CANCELLATION POLICY

All camp registrations are final. No refunds or credits will be issued for missed days, cancellations, or early withdrawals for any reason, including illness, travel, schedule changes, or behavioral dismissal. Refunds will not be given due to weather conditions, staff changes, or program adjustments.

ALLERGY AND FOOD LIABILITY WAIVER

It is the parent or guardian's responsibility to inform D Dance Spot Academy in writing of any allergies, dietary restrictions, or medical conditions. While we take reasonable precautions, the studio is not responsible for accidental exposure to allergens. Parents should ensure their child is aware of any food-related precautions necessary for their safety.

PARENT AUTHORIZATION FOR CUSTODIAN'S CONSENT TO MEDICAL CARE FOR MINOR

Pursuant to California Code Section 25.8

The undersigned do hereby authorize D Dance Spot Academy or such substitute as it may designate as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by an authorized physician or dentist, at a hospital, or elsewhere.

The undersigned hereby authorizes any hospital, which has provided treatment to the minor to surrender physical custody of the minor to the agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

This authorization will remain effective one year from the date of signature while the above minor is en route to or from or involved or participating in any gymnastics program or activity of D Dance Spot Academy, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Field	Signature Block
Print Name of Parent/Legal Guardian	 —
Signature	 —
Date	 —

PARENT ACKNOWLEDGEMENT

Coaching sports, particularly gymnastics and sports involving gymnastics-like maneuvers, creates opportunities for physical contact between a coach and an athlete. Physical contact is acceptable when it is reasonably intended to coach, teach, or demonstrate a skill or to prevent or lessen injury (e.g. spotting, catching).

Our coaches exercise extreme care to ensure that such contact is not invasive of sensitive areas of the body. Infrequent, non-intentional physical contact particularly that which arises out of error on the part of the athlete or coach, does not constitute physical misconduct.

I, _____, parent/guardian of athlete
_____, confirm that I have received a copy of the Misconduct Prevention Policy and Procedure and do consent to have the coaching staff engage with my child, in any manner that is intended to coach, teach, or demonstrate a skill or to prevent or lessen injury. Should I have any concerns of misbehavior and/or misconduct, I agree to report the incident to the gym's management as soon as possible.

Field	Signature Block
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Print Name of Parent/Legal
Guardian

—

Signature

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Date

—