



sm.ART Camp Scholarship Opportunities

In order to help families with the cost of the tuition fee, Gateway Dance Theatre offers a limited number of reduced tuition options. Scholarships will be awarded on a first-come basis.

Option #1: \$75.00 tuition

Plus: Minimum of 2 hours volunteer time only on June 10 – 13 during regular camp hours.
Hours must be confirmed prior to beginning of camp.

Option #2: \$75.00 tuition

Plus: Donate two items listed below: (25 students)
Fruit
Juice
Crackers
Cookies
Pretzels
Items must be delivered the first day of camp.

Please contact Penny Furgerson, 515.283.8383, if you have any questions.

I am requesting a scholarship and agree to pay the tuition fee of \$75.00 plus:

(Check the box for your Option choice)

OPTION #1
I will volunteer 2 hours of my time
on _____.

OPTION #2
I will donate _____ and _____
I will bring them to the studio on June 10th.

Signature of Parent/Guardian Name

Date

Student's Name



sm.Art Camp Waiver of Liability

Please consult your physician before starting any physical or exercise program.

I, _____ (print name) am in good physical condition and I understand that I am advised to adjust my participation as needed based on my abilities and stop if I experience noticeable pain or discomfort or shortness of breath. I will alert my instructor of any special needs or injuries that might affect my safety and security during class. I affirm that I alone am responsible for my decision to participate, and that by signing below, I release Gateway Dance Theatre, and its instructors/partners of any liabilities for my health and safety while participating in classes at Gateway Dance Theatre.

Additionally, I authorize GDT to photograph me/ or my child, for photographs for use in publications and/or media presentations. If applicable, I authorize members of the media to photograph or video/film /me or my youth engaged in this workshop. I also authorize GDT and/or contracted researchers of GDT to involve my youth in outcomes measurement/evaluation of GDT programs. I understand that any data or information obtained from these activities will be treated with utmost confidentiality and my youth will not be individually identified as a participant,

Signature of Student _____

Signature of Parent or Guardian _____
(if student is under 16 yrs. of age)

Emergency Contact Information

Name of Student		
Name of Parent/Guardian		
Address		
Parent/Guardian Phones	Home	Cell
Parent/Guardian Phones	Home	Cell
Emergency Contact Info:		
Relationship: _____	Name	Cell Home
Relationship: _____	Name	Cell Home
List any food allergies or dietary restrictions:		
List any special needs or physical restrictions:		
Additional information:		

