

DANCE CAMP '09 REGISTRATION

<u>STAFF USE ONLY!</u>	
DATE: _____	CHECK #: _____
FOR: _____	AMOUNT: _____

STUDENT'S NAME: _____

DAYTIME PHONE (during camp hours) : _____

AGE : _____ PARENT(S) / GUARDIAN: _____

REGISTERING FOR: (Circle One) 1/2 DAY FULL DAY

EARLY DROP OFF? (Circle One) YES NO

IF YES, PLEASE LIST TIME(S): _____

MEDICAL INFORMATION

Please list all health concerns: _____

Physician: _____

Phone: _____

Emergency Contact: _____

Phone: _____

WE DO NOT CARRY HEALTH INSURANCE ON CHILDREN. YOU ARE RESPONSIBLE FOR ALL INSURANCE AND PAYMENTS. IN CASE OF EXTREME EMERGENCY, PERMISSION TO TREAT YOUR CHILD:

Parent/Guardian Signature

Date

I AGREE THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT. I HAVE ALSO READ AND AGREE TO ALL RULES AND REGULATIONS AND I HEREBY ACKNOWLEDGE THAT THE PARTICIPANT ABOVE IS IN GOOD GENERAL HEALTH AND PARTICIPATION IN CLASSES AND PERFORMANCES WITH DIMENSIONS DANCE ARTS WILL BE SOLELY AT THE RISK OF THIS APPLICANT AND DO RELEASE DIMENSIONS DANCE ARTS, OWNERS, DIRECTOR, INSTRUCTORS, ASSISTANTS AND ANYONE AFFILIATED WITH DIMENSIONS DANCE ARTS FROM ANY CLAIMS THAT MIGHT ARISE FROM THE PARTICIPATION IN THE SAID PROGRAM.

Parent/Guardian Signature

Date