

The Dance Shoppe
878-1488

Summer Dance Camp Registration Form

Please Print

Student's Name: _____

Date of Birth: _____ Age: _____

Address: _____

Home Phone Number: _____ Postal Code: _____

Parent/Guardian Information:

Mother's Name: _____ Work Number: _____

Father's Name: _____ Work Number: _____

Emergency Number: _____ Name: _____

Relationship to child: _____

Alert Data: _____

Camp Attending Ages 2-4 yrs~ _____ **July 6th to 10th** _____ **August 3rd to 7th**
*** Full Week only**

Camp Attending Ages 5 -12 yrs _____ **July 13th to 17th** _____ **August 10th to 14th**
____ Week ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Competitive Try Out: August 8th to 9th _____

Release:

In part consideration of permitting my child (self) to participate in the activities of The Dance Shoppe, I agree to insure my child (self) against any injury or loss resulting from the activities and of traveling to and from these activities. I agree to indemnify and save harmless The Dance Shoppe and its employees, agents and volunteers from all losses, damages, claims and demands occasioned thereby. I authorize The Dance Shoppe and its employees, agents and volunteers to provide all medical care, which they deem necessary for my child (self) in the event of injury.

Parent's Signature

Date