



2010 Summer Camp Registration

Student's Name _____ Age _____

Camp Date/Name _____

Parent Name _____

Mailing Address _____

Phone: home _____ work _____ cell _____

Medical information that we should be aware of or food allergies:

We will have break times in the camp. Please send water, snacks, drinks, or extra clothes.

Please make check payable to The Dance Center.

Cost: \$120.

Total = _____

I understand that dance is a physical activity with inherent associated risks. I understand that The Dance Center is not liable for injuries that may result from normal dance activities. If my child is injured during class and requires medical attention, I give my permission for my child to be treated at the nearest medical facility in the event that I can not first be reached at the phone number(s) given above.

Signature of Parent or Guardian _____