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Summer Dance Camp Registration Form

Dancer's Name: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Parent/Guardian's Name: _____ (Cell:) _____

Telephone (Home): _____

How did you hear about us? _____

Do you have any medical problem(s) that we should be aware of? Yes No

Do you have any allergies? Yes No

If yes (to medical/allergies), please explain: _____

If registering a child, please provide:

Age: Birthdate: Camp #1

Grade: School: Camp #2

Camp #3

Emergency Contact Name, Relation: _____

Contact's Phone: _____

I hereby release Downtown Dance, employees/independent contractors from all liability for personal injury, illness or property damage occurring on or off the studio's premises.

I have read Downtown Dance's General Information and Studio Policies as outlined.

I authorize Downtown Dance to seek medical treatment at the nearest medical facility and they may call paramedics and discharge me/my student to an ambulance if I am not able

to authorize it in the case of a medical emergency. I certify that my student is in good health and capable of participating in physical activities. I hereby give permission

to Downtown Dance to take and use photographs for promotional uses for the studio.

I understand that payment is not refundable.

Signature _____ Date _____

(Parent/Guardian, if minor)

Mail this form with payment to: Suite 201, 434 Market Street, Lewisburg PA, 17837

Questions? Contact Christine-Call 570-768-9379 or Email DowntownDancePA@gmail.com