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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](mailto:DowntownDancePA@gmail.com)