



DANCE CAMP REGISTRATION FORM

*****Please Note that registration fees are non-refundable.*****

Participant Name _____
Parent/Guardian Name _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____ E-mail Address _____
Date of Birth _____ Age _____
School Grade (as of September) _____

Circle the dance camp(s) that you are registering for:

Dance in Wonderland Dance Camp (3+)

Music Video Dance Camp (4+)

Emergency Information

First Contact Name _____ Phone _____
Alternate Number _____
Second Contact Name _____ Phone _____
Alternate Number _____
Doctor's Name _____ Phone _____
Does the applicant have any special medical considerations?

I understand every effort will be made to contact me, the contact person, or the doctor. If we cannot be reached, I give my consent for the emergency room physician to treat myself, my child, or my family.

Signature _____

I, the adult applicant, or I, the parent or legal guardian of the applicant listed above, hereby give approval of the applicant's participation in any and all of The Studio's programs and activities registered above. I do waive, release, absolve, indemnify, and agree to hold harmless the organizers, sponsors, supervisors, participants, and persons involved in the operation of The Studio's programs for any claims arising out of injury or other loss to named applicant or any member of his/her family whether as a participant in the activities or as a spectator. I also give permission for The Studio to take photos of me or my child to use for the website and for purposes of promoting the school. If any child exhibits behavior that is dangerous to himself/herself or to other students, The Studio reserves the right to remove the child from the school.

Adult Applicant or Parent/Guardian Signature

Date