Camp Registration Form

Last Name_____

First Name(s)_____ Age _____
_____ _____
_____ _____

Street Address_____
Town/City_____ Postal Code_____

Home Phone_____
daytime/business phone_____
cell phone (optional)_____
emergency contact (days)_____

allergies or other medical conditions we should be aware of:
_____
_____
_____

Camp Session: (1) Junior Dance Camp August 9th to 13th _____

(1) Senior Dance Camp August 16th to 26th _____

As with any physical activity, there is a risk that injuries may occur in dance classes. As the guardian of the above named child(ren), or as a participant over the age of 18, I acknowledge and accept that risk.

Parent signature:_____

Deposit included with this form: $_____

Balance due first day of camp.
_____
_____
_____