

Dance Gallery - Summer Camp Registration **Date:** _____

PLEASE NOTE: DANCE GALLERY IS NOT RESPONSIBLE FOR ANY LOST AND/OR STOLEN ITEMS

Student(s) Name(s) _____ DOB _____ Age _____

Parent's Name _____ E-mail _____

Address _____ City _____ Zip: _____

Home Phone _____ Work _____ Cell _____

Emergency Contact Person _____ Phone _____

Is your child currently under a doctor's care? _____ Yes _____ No

Is your child currently taking any type of medication? _____ Yes _____ No

How did you hear about our dance camp? _____

Authorized pick-up _____

In case parent/ guardian cannot be reached, please contact _____

Relationship _____ Phone No. _____

Physician's Name _____ Phone No. _____

Only if applicable, complete the following:

A. My child has the following medical problem:

B. My child takes the following medications regularly:

C. My child has the following allergies or other:

Insurance policy covering your child: _____ Policy No. _____

I, _____, parent/ guardian of _____, authorize

Dance Gallery staff member to give permission to licensed hospital/ health center staff to administer immediate medical treatment as deemed necessary to my daughter/ son in my absence. Further, I understand I am responsible for payment of expense incurred relating to my daughter/ son's treatment. I agree that class activities can be a health risk and Dance Gallery will not be held liable for accidents/injuries.

Signed _____

Driver's License No. _____

INTERNAL USE ONLY

DEPOSIT: _____

DATE: _____

BALANCE: _____

DATE: _____

MC: _____

DATE: _____

REDEEMED