

Artistry Dance & Company
Frozen Camp Registration Form

Student Name _____ Birth Date _____

Medical Info/Health Concerns _____

Parent/Guardian Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Primary Phone Number (_____) _____ Email _____

Cell Phone Number (_____) _____ Work Phone Number (_____) _____

Emergency Contact Name _____

Relation to Student _____ Phone Number (_____) _____

Fee Due: \$70

Camp Dates: July 6-8, 9am-12pm

WAIVER

I/We on our own behalf and as the guardian of _____ (insert name of student) hereby release Artistry Dance & Co all liability in respect to injury, illness, or property damage that may be incurred, occurring on or off premise. In the event that I cannot be reached in an emergency involving the above named participant, I hereby give permission to the appropriate medical personnel selected by the schools dance teacher.

Parent/Guardian Signature _____