

# Spring Break Camp 2017/18 - Student Information

Student Name(s):	Age:	Birthdate:
Address:		
City:	State: FL	Zip Code:
Parent/Guardian Name(s):		
Home Phone:	Work Phone:	Cell Phone (Mother):
Primary Email:		Cell Phone (Father):
Insurance Provider		ID #

It is important to include a primary email address. This email address will be used to set up your online account which will allow you to schedule and pay for summer camps online.

***Important: Please list names of ALL parents/guardians that will be allowed to pick-up and drop off students. ONLY those listed below will be permitted to pick students up from camp.***

<b>Guardian #1:</b>	<b>Cell Number:</b>
<b>Guardian #2:</b>	<b>Cell Number:</b>
<b>Guardian #3:</b>	<b>Cell Number:</b>

Please Note: It is extremely important to include cell phone numbers if you do not plan to be in attendance during your child's dance classes. In case of an emergency or an injury if a parent is not present and cannot be reached 911 will be called to aid and assist your child. The above information will be used by the Dance and Gymnastics Academy of Tampa exclusively. This information will not be used for other parties.

### ***Please fill out acknowledgement of risk and waiver below:***

As a parent and/or guardian of \_\_\_\_\_

I hereby consent to my child participating in The Dance and Gymnastics Academy of Tampa's programs. I understand that injuries, even severe or fatal injuries, can occur in any activity involving height or motion. I hereby release The Dance and Gymnastics Academy of Tampa, its owner, instructors, employees, volunteers and myself from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision of The Dance and Gymnastics Academy of Tampa. I understand that my child must be covered by personal health insurance carried by The Dance Academy, Inc. and the property owner will NOT cover medical expenses incurred or suffered by my child at The Dance and Gymnastics Academy of Tampa.

<input type="checkbox"/>	Are there any medical conditions that we should be aware of? _____
<input type="checkbox"/>	I have <b>received, read and agree</b> to policies and procedures of The Dance Academy, Inc.
<input type="checkbox"/>	I authorize The Dance and Gymnastics Academy of Tampa to use, in perpetuity, the participant's likeness, voice or performance which has been recorded on tape, film, or other media. This information will be used in cable television productions, videos, brochures, pamphlets, DVD, CD-ROM programs, or web pages.

I understand that I must give 48 hour notification of cancellation of any camp dates to be eligible to transfer to another camp date. A parent or guardian will be called to immediately pick up students for the following reasons: A staff member that they do not feel well, if a student shows any visible signs of illness, or if a student engages in behavior that compromises the safety or well-being of any camper or staff member. I have received and read The Dance and Gymnastics Academy of Tampa's camp registration information. I fully understand and agree to comply with all of the pool regulations outlined in the camp flyer.



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Notes:

