

# 2010 Princess Summer Dance Camp Registration Form

PLEASE PRINT



Parent's or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

BEST PHONE # TO CALL FIRST & FOR RECORDED MESSAGES \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Any Other Emergency Contact Info. (if desired): \_\_\_\_\_

I am aware of the nature of the programs offered by Howell Academy of Dance. I do waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, participants and any persons involved in the operation of Howell Academy of Dance Inc. 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 activities or as a spectator. This includes participation on any properties where students are performing.

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ PREFERS TO BE CALLED: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Attending \_\_\_\_\_

Medical Concerns (if any): \_\_\_\_\_

**Monday Aug 16<sup>TH</sup> thru Thursday Aug 19<sup>TH</sup> 9:30-12:00**

**Please check below:**

I give permission for Howell Academy of Dance to take photos of my child to use for the website and purpose of promoting the school.

I do not give permission for Howell Academy of Dance to take photos of my child to use for the website and purpose of promoting the school.

Amount Paid Today: \$ \_\_\_\_\_ Check or Receipt #: \_\_\_\_\_