



2010 Summer Dance Camp Registration Form

STUDENT _____ DATE OF BIRTH _____

AGE _____ SCHOOL _____ GRADE _____

DANCE CAMP _____

STUDENT _____ DATE OF BIRTH _____

AGE _____ SCHOOL _____ GRADE _____

DANCE CAMP _____

PARENT(S) _____

ADDRESS _____ ZIP _____

HOME PHONE _____ E-MAIL _____

CELL PHONE: FATHER _____ MOTHER _____

WORK PHONE: FATHER _____ MOTHER _____

List any physical/mental conditions or any pertinent medical history that we need to be aware of:

We, the parents of the above child, hereby give my/our approval for her/his participation in activities during the current session. We assume all risks and hazards incidental to the activities and transportation to and from the activities. In case of injury to my child, I/We hereby waive all claims against Kane & Company Dance Productions, the owner, instructors, and employees. I/We release from responsibility any person transporting my child to the doctor, or hospital in case of injury.

We agree to pay the dance camp weekly fee at the time this form is presented. Please make checks payable to Kane & Co. Dance Productions. Please note that summer dance camp can be cancelled due to lack of participation, in this event, a full refund will be issued to the payer by mail. In the event the student registered above decides to discontinue camp mid-session, I will inform Kane & Co. Dance Productions by phone or mail and I understand I will not receive any refunds. I/We have read the summer dance camp contract and agree to abide by it throughout the summer dance camp session.

Parent's Signature _____ Date _____