



## Summer Camp Registration Form

Name of Student \_\_\_\_\_ Age \_\_\_\_\_

Camp name and date registering for:

- 1.
- 2.

**Medical conditions to know about: Ex- asthma, allergic to lavender, epilepsy.**

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**Parent/ Guardian First and Last Name**

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**Phone number (s) and Best Email for studio communication**

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List of people **NOT ALLOWED** to pick up your student(s)

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In case of injury, I, the guardian/parent of \_\_\_\_\_, hereby waive all claims against Free Movement Dance Studio, its owner and staff member.

**Person responsible (print)** \_\_\_\_\_

**(sign)** \_\_\_\_\_ **Date** \_\_\_\_\_

If you **DO NOT** allow your dancers photo to be used on any social media/advertising please initial \_\_\_\_\_

**I understand the \$25 registration fee is non-refundable.** \_\_\_\_\_ (initial)

For staff

Registration fee \$25 \_\_\_\_\_ # of camps attending \_\_\_\_\_ Camp fee total \_\_\_\_\_