



2024 Summer Dance Camp Registration Form

Students must be 5 Years of age by 6.2.24 (No exceptions)

STUDENT INFORMATION

Student's Name: _____ Birth Date: _____ Age: _____

Parent(s)/Guardian(s) Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____

T-shirt Size (Circle One) YS YM YL YXL AS AM AL AXL

Total Years of Dance: _____ List Any Health Issues/Allergies: _____

List any medications she is taking: _____

Early Drop-off? _____ Yes _____ No Late Pick-up? _____ Yes _____ No

Authorized person(s) that can pick up the student.

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

EMERGENCY CONTACTS

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

FOR OFFICE USE ONLY

Received by: _____ Date: _____

Debit/Credit/Money Order/Check # _____ Amount _____

