



Miss Becky's Ballet ~ Tap & Jazz Summer Dance Camp Registration Form



Camp Name _____

Date: _____

Camper's Name _____ Campers DOB _____

Campers Age: _____ Email Contact _____

Phone (H) _____ (Mobile) _____

Parent/Guardian: _____

Emergency Contact : _____

Phone Number: _____ Relationship to Camper _____

Physician's Name: _____ Phone: _____

Health Concerns _____

Medical Emergency

I, the undersigned give permission to Miss Becky's Ballet~Tap & Jazz, its directors, officers, employees, agents, independent contractors and volunteers to seek medical treatment for the participant in the event they are not able to reach a parent, guardian or emergency contact. I also agree that I will be responsible for any financial debt incurred by said action. I have declared on this form any physical/mental disabilities, limitations, restrictions, or condition and/or declare the participant to be in good physical and mental health.

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Miss Becky's Ballet ~Tap & Jazz classes, rehearsals, performances, or activities. I also exempt, release, and indemnify Miss Becky's Ballet ~Tap & Jazz, its owners, agents, volunteers, assistants, employees, contractors, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Miss Becky's Ballet ~Tap & Jazz. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Miss Becky's Ballet ~Tap & Jazz, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Permission is granted Miss Becky's Ballet ~Tap & Jazz to use photographs of students for publicity purposes.

I have read, understood and agree to be bound by the above statement (please print your name,

Print Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____