

**T-MOTION DANCE STUDIO  
SUMMER CAMP  
REGISTRATION FORM**

How did you hear about us? referred by: \_\_\_\_\_

Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

School Attending: \_\_\_\_\_ Grade this fall: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mom Name: \_\_\_\_\_ Dad Name: \_\_\_\_\_

Mom cell: \_\_\_\_\_ Dad cell: \_\_\_\_\_

Person responsible for paying the bill: \_\_\_\_\_

**T-Shirt Size Youth or Adult S M L XL**

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**IN CASE OF AN EMERGENCY**

**Name:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

Amount: \$ \_\_\_\_\_

**Weekly(8x)**

**Bi-weekly(4x)**

**Monthly(2x)**

**(Ext. )**

All payments must be paid at the first of the week according to your payment arrangement. Any & all outstanding balances must be paid before your child can return to camp. \_\_\_\_\_ Int.

## LIMITED POWER OF ATTORNEY

If a serious emergency arises, it may be necessary for a physician to attend your son/daughter before staff could get in touch with you or your designated physician. Such care can be provided only if you sign the following **AUTHORIZATION FOR MEDICAL TREATMENT**.

I give the teacher or administrator in charge of my son/daughter limited power of attorney to act in my absence and see that my son/daughter, \_\_\_\_\_ gets whatever medical treatment is necessary in case of sickness or accident.

List any medical exemptions (allergies, blood transfusions, etc.) for your child.

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List any significant health problems.

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My child is presently taking the following medicine prescribed by the doctor:

Name of Medicine: \_\_\_\_\_

Amount Taken: \_\_\_\_\_

Family Health & Accident Insurance Carrier:

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\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**LIABILITY DISCLAIMER**  
**(Consult your doctor before starting any exercise program)**

Dancing is an activity in which, despite preparation, instruction, medical advice, conditioning and equipment there is still a risk of injuries such as the following. This is by no means complete or exclusive, but includes heart attack, stroke and circulatory problems, bone and joint injuries, back injury, muscle strain and other muscle injuries, foot problems, head, neck and spinal injuries, heat stroke, heat exhaustion and asthma.

Please be aware in registering yourself for participation in this you will be acknowledging the risk and releasing all claims which you may have as a result of participating in this program. As a participant I acknowledge that there are certain risks of personal injury and I agree to voluntarily assume those risks and responsibilities which I may sustain as a result of participating in any and all activities connected with or associated with such a program.

I release all claims which may arise against, and agree not to sue, *T-Motion Dance Studio* and its officers, directors, agents, employees and authorized volunteers from any and all claims by other parties resulting from physical or mental injuries, damages and losses caused by me arising in any way associated with the activities of the program or at any related function.

**In the event of any emergency, I authorized *T-Motion Dance Studio* officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care.**

I have read and understand the above rules and regulations and I agree to accept and abide by all policies and procedures.

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**Signature**

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**Date**