



**2017 REGISTRATION, MEDICAL INFORMATION, & RELEASE FORM**

**CAMP DATES REGISTERING FOR:** \_\_\_\_\_

**FULL WEEK**       **FULL DAY(S)**      **HALF DAYS**     **9am-12:30pm**     **12:30pm- 4pm**

**Name of Student/s:** First \_\_\_\_\_

Surname \_\_\_\_\_

**Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Address:** (Street) \_\_\_\_\_

(City) \_\_\_\_\_ Postal Code \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Parent/Guardian 1:** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

**Parent/Guardian 2:** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Family Doctor:** Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Health Card Number:** \_\_\_\_\_ (Initials) \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS, ALLERGIES, OR OTHER SPECIAL NEEDS OF WHICH WE SHOULD BE AWARE?**

\_\_\_\_\_

**2017 RELEASE:**

I hereby release Dancemakerz, all program staff and/or any persons involved with the direction and organization of Dancemakerz dance classes, from all claims for damages arising from any accidents or injuries which are caused by or arise from participation by my child, named on this form, in any facility or at any location where Dancemakerz is being held. In the event of an accident or illness involving my child while attending Dancemakerz, I hereby authorize, if I am not immediately available, the administration of any medical procedure deemed necessary by the child's physician, or any other physician selected by the program staff. I also give my permission for my child to be transported to the physician's office or the hospital, with no liability on the driver's part. An ambulance may be called to transport my child to the hospital if required.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_