



DAY CAMP REGISTRATION FORM

1st Child: Last Name: _____ First Name: _____

Birthdate: _____ Age: _____ M/F School: _____ Grade in Fall: _____

Check all that apply		X			X		X
June 8- June 12	Culinary Kids		June 9- June 11	Mothers Day		Late Pick Up	
June 15- June 19	Passion for Fashion		June 16- June 18	Mother's Day		Late Pick Up	
June 22- June 26	Spirit Camp		June 23- June 25	Mother's Day		Late Pick Up	
July 6- July 10	Musical Theater		June 30- July 2	Mother's Day		Late Pick Up	
July 13- July 17	Camp Creativity		July 7- July 9	Mother's Day		Late Pick Up	
July 20- July 24	Dance Intensive/Nut		July 14- July 16	Mother's Day		Late Pick Up	
July 27- July 31	American Idols		July 21- July 23	Mother's Day		Late Pick Up	
			July 28- July 30	Mother's Day		Late Pick Up	

2nd Child: Last Name: _____ First Name: _____

Birthdate: _____ Age: _____ M/F School: _____ Grade in Fall: _____

Check all that apply		X			X		X
June 8- June 12	Culinary Kids		June 9- June 11	Mothers Day		Late Pick Up	
June 15- June 19	Passion for Fashion		June 16- June 18	Mother's Day		Late Pick Up	
June 22- June 26	Spirit Camp		June 23- June 25	Mother's Day		Late Pick Up	
July 6- July 10	Musical Theater		June 30- July 2	Mother's Day		Late Pick Up	
July 13- July 17	Camp Creativity		July 7- July 9	Mother's Day		Late Pick Up	
July 20- July 24	Dance Intensive/Nut		July 14- July 16	Mother's Day		Late Pick Up	
July 27- July 31	American Idols		July 21- July 23	Mother's Day		Late Pick Up	
			July 28- July 30	Mother's Day		Late Pick Up	

3rd Child: Last Name: _____ First Name: _____

Birthdate: _____ Age: _____ M/F School: _____ Grade in Fall: _____

Check all that apply		X			X		X
June 8- June 12	Culinary Kids		June 9- June 11	Mothers Day		Late Pick Up	
June 15- June 19	Passion for Fashion		June 16- June 18	Mother's Day		Late Pick Up	
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			July 28- July 30	Mother's Day		Late Pick Up	

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name: _____ Relationship to child: _____
Address: _____ City: _____ Zip: _____

Home Phone _____ Email address _____

Business Name: _____ Business phone: _____ Cell _____

Parent/Guardian #2 Name: _____ Relationship to child: _____
Address: _____ City: _____ Zip: _____

Home Phone _____ Email address _____

Business Name: _____ Business phone: _____ Cell _____

Please list additional names & phone numbers of people to contact in an emergency and/or names of persons authorized to pick up your child. Changes to this list must be done in writing by the parent/guardian whose signature appears on this form. Do NOT include parent/guardian information from above.

Name: _____ Phone #1: _____ Phone #2 _____

Name: _____ Phone #1: _____ Phone #2 _____

Name: _____ Phone #1: _____ Phone #2 _____

WAIVER OF LIABILITY (please read carefully!)

I, _____, as parent or legal guardian of _____, give my permission for my child to participate in Curtain Call Camp activities. I am aware that any activity involving movement has risks. I understand that care will be taken to create the safest possible environment in which my child can learn. Prevention is the key to success, and all participants will be expected to follow all safety rules. I HEREBY WAIVE AND RELEASE any and all claims against Dance Moms, Inc. dba Curtain Call Studio for Performing Arts, the directors, teachers, and any one or more of their assigns of and from any liability resulting from injury as a result of my child participating in this activity. I have received a copy of the parent packet & agree to abide by established policies and procedures as listed. I also understand that payment is expected when services are rendered. Failure to make payments by designated deadlines will cancel the registration and will result in camper's non-participation. In the event collection efforts are necessary, parent or guardian will be held liable for all collection fees, including but not limited to court and legal fees. Curtain Call reserves the right to use photographic images for promotional purposes.

Parent or Guardian Signature

Date

Medical Information

1st Child Name _____ Conditions/Needs _____

Medications _____ Allergies _____

2nd Child Name _____ Conditions/Needs _____

Medications _____ Allergies _____

3rd Child Name _____ Conditions/Needs _____

Medications _____ Allergies _____