

DANCER'S EDGE

2023 SUMMER CAMP REGISTRATION

Please Print Clearly and Return Completed Form to the Studio.

NAME: _____ AGE: _____
PARENT/GUARDIAN: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____
WORK PHONE: _____
PLEASE LIST ANY ALLERGIES: _____

Other Emergency Contact:

NAME: _____
PHONE: _____
RELATIONSHIP TO STUDENT: _____

As parent or legal guardian, I give my consent with my signature below for necessary emergency medical treatment. Liability Waiver: Dancer's Edge provides classes and training at the exclusive risk of the participants. Your signature below indicates your understanding and acceptance of Dancer's Edge policies. Photos, videos, or audio recordings taken during a Dancer's Edge class, in the Dancer's Edge Studio, or at participating Dancer's Edge events, become the property of Dancer's Edge. We reserve the right to use any and all photo and video taken for social media, marketing, and publicity purposes. Your signature on this form confirms your permission.

NAME: _____
SIGNATURE: _____
DATE: _____

Note: A 50% deposit is required to hold your place in camp (camp credits only).

TOTAL PAID: _____ DATE: _____
PAYMENT METHOD: _____
CAMP WEEK: _____