

2017 DANCE CAMP REGISTRATION

Camper's Name: _____

Boy: _____ Girl: _____ Height: _____

Birthdate and Grade 2016-17: _____ School 2016-17: _____

Parent's Name(s): _____

Address: _____

Phone (home & cell): _____

E-mail: _____

T-Shirt Size YM YL AS AM AL AXL

Health and Medical Information/Liability Waiver

I certify that my child is in good physical condition and is physically able to participate in camp activities. I understand that I assume the full responsibility for loss or damage of property, personal injury and/or bodily harm, however casual, that may arise out of or in any way be connected with my child's participation in camp activities. Also, in the event I cannot be contacted, I hereby authorize the directors of the camp to act for me according to their judgement in any emergency requiring medical attention.

Furthermore, I voluntarily and knowingly release St. Mary Catholic Schools (SMCS), its athletic department, the SMCS athletic programs and the camp (its directors, coaches and workers) from any and all liability for any loss, damages or injuries suffered while participating in camp activities.

Insurance Information (each camper must be covered by his/her own family insurance)

Insurance Provider: _____ Company Policy #: _____

Parent or Guardian Signature: _____ Date: _____