

## **VEDC Summer Intensive Dance Camp Student Registration Form**

Fill out the form carefully for registration	
Dancer Name	
First Name Middle Nam	e Last Name
Gender	
Address	
Street Address	
Street Address Line 2	
City	State / Province
Postal / Zip Code	
Parent/Guardian E-mail	
example@example.com	
Mobile Number	

**Phone Number** 

Work Number	
Company	
Dance Camp Levels	
Dancers are matched in levels during the first week of camp.	
Indicate with any of your child's existing medical conditions:	
seizures	
vision impaired	
asthma/breathing	
heart condition	
my child wears glasses or contact lenses	
Please list any previous medical injuries such as broken limbs or dislocations:	
Food Allergies	
Emergency Contact: (Who is authorized to pick up your child)	
Physician's Name and Number and Hospital Preference	

Throughout Camp Student will be photographed, videotaped and interviewed. Pictures, Video and Interviews may be used as promotional tools for the website and or social media platforms.

I will allow my child to participate
I will not allow my child to participate

Are there dates we can expect your dancer to not be in attendance? Please indicate below:

Our mission is to discipline and strengthen the minds and bodies of the children. Many activities include running (indoor and outdoor), push ups, help cleaning, time out or a research assignment

My child may participate My child may not participate