



## **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