Acro/Hip-hop Camp 2024

UNDER THE BIG TOP

Student's Name:
Mother's Name:
Father's Name:

Mother's Work #:	Mother's Cell #:
Emergency #:	Father's Cell #:

Email address (**print**):

Participant's Age: (5-10yr old)

Registration Fee: $150 per child

Will you need early drop off (8:30am)? (Additional $25 fee) □Yes □No

I do hereby release Tamalyn's Dance Centre; the owners of the premises where the instructional education takes place or any auxiliary staff from any liability in connection with the said instructional education classes. I waiver and declare further that I am / my child is in good health and can participate in physical activities, mainly dance education and exercise classes. My physician named on this form is aware of my participation in these classes and has given permission for me to participate. Given the nature of any physical education classes, and with the knowledge that injuries sometimes may occur, I have taken the necessary steps to obtain health or hospitalization insurance, which would cover any sustained injuries.

Signature	Date / /

Student's Date of Birth / /

I do hereby give Tamalyn's Dance Centre permission to use images of myself/ my child as representatives of Tamalyn's Dance Centre for the express purpose of advertising, social and print media.

Signature	Date / /

Office use

Camp Fee _____ Early Drop off_____ Dance Wear_____ Total Pd._____