



Hotspot Dance Camp Registration Form

Dancer's

Name: _____

Address: _____

City, State and Zip Code: _____

Phone Number: _____

Email: _____

Parent/Guardian's Name: _____ Cell:_(_____) - _____ - _____

Parent/Guardian's Name: _____ Cell:_(_____) - _____ - _____

Does your child have any medical problems we should be aware of: _____

Does your child have any allergies we should be aware of: _____

Please Provide:

Age: _____ Birthdate: _____

Grade: _____ School: _____

Emergency Contact/Pick-up:

Name: _____ Relation: _____

Cell(_____) - _____ - _____

Name: _____ Relation: _____

Cell:(_____) - _____ - _____

Name: _____ Relation: _____

Cell:(_____) - _____ - _____



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Liability Waiver:

I hereby release Hotspot Dance, employees?counselors from all liability for personal injury, illness or property damage on or off the camp's premises. I have read the Hotspot Dance Summer Camp general information and policies as outlined. I authorized Hotspot Dance Summer Camp to seek medical treatment at the nearest medical facility and they may call paramedics if I am not able to authorize it in case of medical emergency. I certify that my child is in good health and capable of doing physical activity. I hereby give permission to Hotspot Dance to take and use photographs for promotional uses for the summer camp. I understand that payment is not refundable.

Signature x _____ Date _____