

The Baker School of Dance & Fitness

2018 Summer Camp Registration  
Emergency Info  
& Pick up Form

STUDENT INFORMATION:

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

WHAT CAMP(S) ARE YOU ENROLLING IN:

Camp: \_\_\_\_\_

Camp: \_\_\_\_\_

Camp: \_\_\_\_\_

Do we have a Health Form on file from attending camp within the past year? Y N  
Any allergies, physical limitations, or concerns we should be aware of during their time at camp: \_\_\_\_\_

Do they require an Epi-pen or medication during camp? Y N  
(separate med. forms required – see office)

FAMILY INFORMATION:

Home Phone # ( ) \_\_\_\_\_

Email \_\_\_\_\_

Parent # 1 Name \_\_\_\_\_ Contact # ( ) \_\_\_\_\_

Parent # 2 Name \_\_\_\_\_ Contact # ( ) \_\_\_\_\_

Home Address City Zip \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Contact # ( ) \_\_\_\_\_

(We will always try to reach a parent first)

AUTHORIZED PICK-UPS – please list any adults that might possibly pick up your child

1 contact \_\_\_\_\_ # ( ) \_\_\_\_\_

2 contact \_\_\_\_\_ # ( ) \_\_\_\_\_

PARENT AUTHORIZATION I \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_, hereby give permission to said son/daughter to participate in the activities of the summer program at the Baker School of Dance & Fitness. I understand that dance and fitness involve height and rotation of the body, therefore, there are inherent risks involved. I hereby testify to my son/daughter's sound health of mind and body and I authorize the Baker School of Dance & Fitness to seek medical treatment at the nearest facility in case of emergency. I intend this statement to take effect as a sealed instrument.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Early Bird: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Total Camp tuition: \_\_\_\_\_

Developing strength, poise, confidence and friendships that last a lifetime!