

2018 Mini Dance Camp Registration Form and Waiver

Student Name _____ T-Shirt Size _____

Parent 1 Name _____ Phone _____

Parent 2 Name _____ Phone _____

Email Address _____

Mailing Address _____

Emergency Contact Name _____ Phone _____

Relationship to Student _____

Who has permission to pick up your child?

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

I, the undersigned parent or legal guardian of the child listed above, provide consent for my child to participate in the summer camp provided by Washington County High School. I acknowledge that there are certain risks involved in these programs and I understand these risks and declare that my child is physically healthy and claim that my child is safely capable of participating in these classes, workshops, trainings, and/or rehearsals.

I do hereby release Washington County High School, its agents, employees, and volunteers from any liability related to injuries or accident, which may arise from my child's participation in any meetings, classes, workshops, trainings, or rehearsals hosted by Washington County High School.

In addition, I understand that the registration fee of \$50 must be paid in full before my child's place in the summer camp can be reserved. I also understand that this \$50 registration fee is **non-refundable** and will not be returned to me should my child be unable to participate in the summer camp for any reason.

Parent/Guardian Signature

Date