

# Dance Tech Studios

Mailing address:

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Park City, Utah 84098

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dancetk@msn.com

## Summer Camp Registration Form

Parent Name: \_\_\_\_\_  
Billing/mailling address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Parent 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Emergency Contact: Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Are there any medical concerns with your child?** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

(Circle One): **Summer Dance Camp** or **Little Ms. Dance Camp**

**Camp Session Dates:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

(Circle One): **Summer Dance Camp** or **Little Ms. Dance Camp**

**Camp Session Dates:** \_\_\_\_\_

By signing this registration form, I hereby give my permission for the above student(s) to participate in the Summer Dance Camp program. I agree not to hold Dance Tech Studios, Inc, Nicole Fielding, or other associates liable for any injury, damage or loss that may occur. I give my permission for any medical treatment to be administered to the student(s) in an emergency.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**