

Paloma School of Irish Dance Summer Camp Registration

Dancer Name: _____

My child will be attending the following weeks of summer camp:

____ June 15-19

____ June 22-26

____ July 13-18

____ July 20-24

____ August 3-7

____ August 10-14

Dancer's current level:

____ New Beginner

____ Beginner (Please note that all Beginners will start hard shoe at summer camp and will need the proper footwear.)

____ Advanced Beginner

____ Novice / Prizewinner

____ Preliminary Championship

____ Open Championship

Camper's T-Shirt size: _____

***I understand that a non-refundable deposit of \$50 per week of camp is due at the time of registration.**

***I understand that the final non-refundable \$200 payment will be due 2 weeks before the start of camp.**

***I understand that an important summer camp newsletter will be sent by June 1st detailing pool day information, lunch & snack information, proper footwear etc... and it is my responsibility to read it.**

Parent / Guardian Signature

Date

**Paloma School of Irish Dance
Registration Form / Emergency Contact & Consent Form**

DANCER'S NAME		BIRTHDATE	
STREET ADDRESS		GENDER MALE FEMALE	
CITY	STATE	ZIP CODE	
HOME TELEPHONE NUMBER			
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
STREET ADDRESS		CELL PHONE NUMBER	
CITY	STATE	ZIP CODE	
E-MAIL ADDRESS			
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
STREET ADDRESS		CELL PHONE NUMBER	
CITY	STATE	ZIP CODE	
E-MAIL ADDRESS			
EMERGENCY CONTACT PERSON(S) if parents cannot be contacted		TELEPHONE NUMBER	
WHO HAS PRIMARY CUSTODY OF THE CHILD? PLEASE EXPLAIN ANY PERTINENT INFORMATION.			
IN CASE OF AN EMERGENCY, PLEASE STATE HOSPITAL PREFERENCE			
NAME OF DANCER'S PHYSICIAN/ MEDICAL CARE PROVIDER		TELEPHONE NUMBER	
SPECIAL DISABILITIES? YES NO	IF "YES", PLEASE EXPLAIN:		
ALLERGIES (including Medications)? YES NO	IF "YES", PLEASE EXPLAIN:		
MEDICATIONS/CONDITIONS? YES NO	IF "YES", PLEASE EXPLAIN:		
SPECIAL NEEDS? YES NO	IF "YES", PLEASE EXPLAIN:		
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION: YES NO IF "YES", PLEASE EXPLAIN:			
PLEASE LIST ALL PREVIOUS ATHLETIC INJURIES: (I.E. TENDONITIS, BROKEN BONES, ETC...)			
A SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE CONSENT (A PARENT/ GUARDIAN MUST SIGN IF DANCER IS UNDER AGE 18)			
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST AID PROCEDURES	
USE OF PHOTOS FOR PALOMA SCHOOL MEDIA		TRANSPORTATION BY THE FACILITY	

SIGNATURE (PARENT / GUARDIAN MUST SIGN)

DATE