



2010 AMA SUMMER CAMP REGISTRATION FORM

DATE
____ / ____ / ____
MONTH DAY YEAR

PERSONAL INFORMATION

Child's Name: _____
LAST MIDDLE INITIAL FIRST

Address: _____ Apt/Unit #: _____

City: _____ Zip Code: _____

Home Phone: () _____ Home Email: _____

Date of Birth: _____ / _____ / _____ Gender: Male Female Age: _____
MONTH DAY YEAR

CONTACT INFORMATION

Father's Name _____
LAST MIDDLE INITIAL FIRST

Work Phone: () _____ Cell: () _____

Email: _____

Mother's Name: _____
LAST MIDDLE INITIAL FIRST

Work Phone: () _____ Cell: () _____

Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Phone Number: () _____

Relationship to Child: _____

MEDICAL INFORMATION

Doctor's Name: _____ Phone Number: () _____

Allergies / Medications: Yes No If Yes, Please list: _____

Medical Conditions: _____

I hereby certify that my child is in good physical condition and is able to participate fully in this program. All current medical conditions requiring medication are outlined above. I understand the inherent risk involved in the physical activity of dancing and I release AMA Dancers and Company and its teachers, directors, managers and owners from any liability in case of accident or injury. I understand that all classes will be conducted in the safest possible manner by trained professional instructors. In addition, I hereby give permission to AMA Dancers to photograph and video my child for class purposes, and that these photos and/or videos may be used for advertising purposes. I further give my permission to allow AMA Dancers & Co. to walk my child to the local playground and understand that the terms of this release apply to all time spent at the playground.

SIGNATURE

Parent/Guardian: _____ Date: _____