



*Dance Works Academy*  
 26 School Street  
 Upton, MA 01568  
 508-529-3234  
 www.dwadance.com

## 2009 Dance Works Academy Summer Dance Camp Registration Form

Princess Camp <input type="checkbox"/>	"So You Think You Can Dance" <input type="checkbox"/>	DWA Music Video Camp <input type="checkbox"/>	Lacy's Hip Hop Intensive <input type="checkbox"/>
7/20 – 7/23	7/13 – 7/16 <sup>th</sup>	7/7 – 7/9 & 7/14 – 7/16	7/28 – 7/30
9:30-11:30	10:00-12:00	4:00 – 6:00	5:00 – 6:30
Ages: 3 – 6	Ages: 8 & Up	10 & Up	10 & Up
\$75.00	\$75.00	\$125.00	\$60.00

Please make checks payable to: *Dance Works Academy*. Thank you.

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 BILLING ADDRESS AND CONTACT: \_\_\_\_\_

MOTHERS NAME: \_\_\_\_\_ FATHERS NAME: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT (IN THE EVENT WE CANNOT CONTACT LEGAL GUARDIANS)  
 NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT OF A MINOR

DANCE WORKS ACADEMY WILL NOT BE HELD RESPONSIBLE FOR ANY HEALTH PROBLEM OR FOR ANY ACCIDENT RESULTING FROM PARENT, OR CHILD'S, NEGLIGENCE. ALSO, FROM FAILURE TO INFORM THE STUDIO OF ANY CONDITIONS AFFECTING STUDENT'S HEALTH EITHER ON THIS APPLICATION OR DURING PERIODS FOR LESSONS.

**KNOWN MEDICAL CONDITIONS:** \_\_\_\_\_

- I AM AWARE OF THE PHYSICAL NATURE OF THIS ACTIVITY AND WILL NOT HOLD DWA, TEACHERS, VOLUNTEERS, OR EMPLOYEES OF ANY KIND LIABLE IN CASE OF INJURY.
- I GIVE CONSENT FOR MY CHILD TO BE VIDEOTAPED OR PHOTOGRAPHED FROM TIME TO TIME FOR MEDIA AND ADVERTISING PURPOSES.
- I AM AWARE AND HAVE READ AND UNDERSTOOD THE POLICIES AND PROCEDURES OF DANCE WORKS ACADEMY STUDIO.

PRINT PARENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_