



Foothills Dance & Performing Arts Studio Dance Camp Registration Form

Dancer / Participant Information

Last Name	First Name	Date of Birth	
Address	City	State	Zip
Home Phone	Cell Phone	E-Mail Address	
School Dancer Attends			

Parent / Guardian / Family Information

Mother / Guardian Information

Last Name	First Name	
Home Phone	Cell Phone	E-Mail Address
Employer	Work Phone	

Father / Guardian Information

Last Name	First Name	
Home Phone	Cell Phone	E-Mail Address
Employer	Work Phone	

Please list previous dance experience _____ Years _____ Months _____ None

Which type of dance classes have you taken?

How did you hear about Foothills Dance & Performing Arts Studio's Dance Camp?

Pertinent Medical Information

Are there any physical problems, allergies (including food or drug), asthma, previous injuries, or special needs that Foothills Dance & Performing Arts Studio should be aware of?

If yes, please describe.

Is the participant taking any medication on a daily or regular basis? _____

If yes, please describe.

Authorization to Consent to Emergency Treatment

In the event of an emergency, illness or accident and you cannot be reached, please list the names and numbers of the persons you are authorizing Foothills Dance & Performing Arts Studio to contact:

Physician

Name

Phone

Emergency Contact

Name

Phone

Relationship

I authorize Foothills Dance & Performing Arts Studio's instructors or staff to administer first aid and to obtain medical care for my child, _____ in the event of an accident or injury.

This emergency consent form along with the medical information verifies that the above named participant is in good health and has her / his doctor's approval to participate in dance, exercise or theatrical classes. I acknowledge that Foothills Dance & Performing Arts Studio has no medical insurance coverage and will not be held responsible for injuries. In the event of an accident or illness involving the participant, the parent / guardian will be notified immediately. If I cannot be notified, Foothills Dance & Performing Arts Studio may contact one or both of the two names listed above. In the event of an emergency and I cannot be contacted, I hereby authorize Foothills Dance & Performing Arts Studio to take any steps they deem necessary to obtain medical attention. I the undersigned parent / guardian of _____, a minor, do hereby authorize Foothills Dance & Performing Arts Studio as agents to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and or hospital care which is deemed advisable by and is to be rendered under the general or special supervision and upon the advice of any physician and surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility. It is understood this authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific care which the aforementioned physician may deem advisable. I agree to be responsible for all costs incurred as a result of the foregoing. This authorization is given pursuant to the provisions of Section 25.8 of the California Civil Code.

Parent / Guardian Signature or Adult Participant

Date