

**Ballet Magnificat! Children's Summer Camp 2008
Registration Form**

Student Name: _____ **Date of Birth:** _____

Previous ballet training: YES NO If YES, Number of years _____

Parent Information: Name: _____

Address: _____

Phone: (Home) _____

(Work) _____ Mother Father

(Cell) _____ Mother Father

Emergency Contact Information: _____ _____
Name Phone Number

Relationship to student

RELEASE: By signing below, I do hereby release Ballet Magnificat! and their agents or representatives of liability for my child of any injury to my child in class or while on the school campus. I understand that in the event medical intervention is needed, every attempt will be made to contact me. In the event next of kin cannot be contacted, for the health and well-being of my child, I hereby authorize the Staff or Instructors of Ballet Magnificat! to authorize whatever medical treatment might be necessary in an emergency situation. I understand that I and my medical insurance carrier are financially responsible for any medical treatment extended to my child and that Ballet Magnificat! and its agents or representatives cannot be held accountable or liable for such medical treatment.

Date **Parent/Guardian Printed Name** **Parent/Guardian Signature**

CONFIDENTIAL! PLEASE ANSWER THE FOLLOWING:

Student lives with: Both Parents Mother Father Other _____

Is there anything special we need to know about the student? _____

Medical and/or Medication: _____ Learning/Behavioral/Disabilities _____

How did you hear about the Children's Summer Camp? _____

