



Diva & Dudes Dance Camp Registration Form

Please print form, fill out and return along with payment to:

Elite Dance Academy

208 Timber Trail

Medina, OH 44256

Please call Elite at 330-273-9421 to confirm your registration

Child's Name: _____ Child's Age: _____

Dance Experience, if any _____

Special health concerns (i.e. asthma, allergies, diabetes, etc.): _____

Parent's Name: _____

Address: _____

Home Phone Number: _____ Parent's Cell Phone Number: _____

E-mail Address: _____

Camp(s) registering for: _____

Total amount paid (\$25 per camp. Anyone signing up for all camps gets one camp for free): _____

Check number: _____ Checks should be made payable to **Elite Dance**.

ELITE DANCE ACADEMY ★ 1241 Industrial Parkway North ★ Brunswick, Ohio 44212

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son, _____, to participate in the camp being offered at Elite Dance Academy. I understand that these activities could involve injury to the participant. I further acknowledge and understand that I assume the risk by her/his participation and I further release Elite Dance Academy, The Elite Academy, LTD and their representatives and staff from any claims for personal illness or injury that my child may sustain during participation in the activity.

I further understand that Elite Dance Academy and The Elite Academy, LTD have established rules and regulations pertaining to conduct, behavior and activities by which parents and participants must abide by during participation in these activities and that my child and I will be responsible for her/his failure to abide by those rules and regulations.

I have read and understand the above Liability Release and agree to these terms and conditions.

Signature of Parent or Guardian

Date

To insure that my child may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity, and I am unable to be reached, I hereby authorize the Elite staff to obtain medical treatment for my child for such injury or illness during these activities, and hereby hold Elite Dance Academy, The Elite Academy LTD and their staff harmless in the exercise of that authority.

Signature of Parent or Guardian

Date

Occasionally, during classes and events, photographs are taken of our students and used for publicity purposes (flyers, newspaper ads, bulletin boards, programs, etc.). My signature below indicates that I give permission to allow any photographs taken of my child to be used in these types of publications and promotions. The materials published or used are, and will remain, the property of Elite Dance Academy.

Signature of Parent or Guardian

Date