



DANSEZ! DANSEZ! CAMP REGISTRATION FORM—SUMMER 2016 (JUN 20 - AUG 12, 2016)

check dates √: 6/20-24___; 6/27- 7/1___; 7/5-8___; 7/11-15___; 7/18-22___; 7/25-29___; 8/1-5___; 8/8-12___;

REGISTRANT 1:

Home Phone # _____

Last Name _____ First Name _____ DOB _____ Sex: M _____ F _____

Family Address: _____
Street Apt # City/Sate Zip

E-mail Address: _____ Allergies/Condition _____

REGISTRANT 2:

Home Phone # _____

Last Name _____ First Name _____ DOB _____ Sex: M _____ F _____

Family Address: _____
Street Apt # City/Sate Zip

E-mail Address: _____ Allergies/Condition _____

MAIN CONTACT:

Last _____ First _____ Cell #: _____ Work# _____

Family Address: _____
Street Apt # City/Sate Zip

E-mail Address: _____

EMERGENCY CONTACT NAME: (other than parent or adult participant)

Last _____ First _____ Cell #: _____ Work# _____

NO NUTS, NO PEANUTS, NO TREENUTS, OR DERIVATIVES ALLOWED DURING CAMP. THANKS FOR YOUR COOPERATION!

Participant or parent/guardian assumes all risks associated with this activity and relieves Dansez Dansez and its representatives of all claims for injuries or loss of any person or property which may result from participating in this program. Participant or parent/guardian grants permission for a doctor or emergency personal to treat participant if needed and consents to Dansez Dansez use of photographs or videotapes made of the program that include participant for Dansez Dansez promotional purposes.

Signature of Participant/Guardian if under 18 years _____ Date _____