

Dance Tech Studios

Mailing address:

786 Division Street
Park City, Utah 84098

435.655.9213

www.dancetechworld.com

dancetk@msn.com

Summer Camp Registration Form

Parent Name: _____
Billing/mailling address: _____ Zip Code: _____
Home Address: _____
Home Phone: _____ Work Phone: _____
Parent 1: _____ Phone: _____ Cell: _____
Parent 2: _____ Phone: _____ Cell: _____
Email: _____

Emergency Contact: Name: _____
Phone: _____ **Relationship:** _____

Are there any medical concerns with your child? _____

Student Name: _____

Age: _____

Birthdate: _____

(Circle One): **Summer Dance Camp** or **Little Ms. Dance Camp**

Camp Session Dates: _____

Student Name: _____

Age: _____

Birthdate: _____

(Circle One): **Summer Dance Camp** or **Little Ms. Dance Camp**

Camp Session Dates: _____

By signing this registration form, I hereby give my permission for the above student(s) to participate in the Summer Dance Camp program. I agree not to hold Dance Tech Studios, Inc, Nicole Fielding, or other associates liable for any injury, damage or loss that may occur. I give my permission for any medical treatment to be administered to the student(s) in an emergency.

Parent Signature

Date