

River Ridge High School Summer Dance Camp

STUDENT _____ DATE OF BIRTH _____

SCHOOL _____ GRADE _____ T-SHIRT SIZE: _____

PARENT(S) _____

ADDRESS _____ ZIP _____

HOME PHONE _____ E-MAIL _____

CELL PHONE: FATHER _____ MOTHER _____

WORK PHONE: FATHER _____ MOTHER _____

EMERGENCY CONTACT: _____

List any physical/mental conditions or any pertinent medical history that we need to be aware of:

List any allergies or health concerns we should be aware of:

We, the parents of the above child, hereby give my/our approval for her/his participation in activities during the current session. We assume all risks and hazards incidental to the activities and transportation to and from the activities. In case of injury to my child, I/We hereby waive all claims against River Ridge High School and staff and teachers. I/We release from responsibility any person transporting my child to the doctor, or hospital in case of injury.

We agree to pay the dance camp weekly fee at the time this form is presented. Cash or check is accepted. Please make checks payable to River Ridge High School. Please note that summer dance camp can be cancelled due to lack of participation, in this event, a full refund will be issued to the payer by mail. I/We have read the summer dance camp contract and agree to abide by it throughout the summer dance camp session.

Parent's Signature _____ Date _____

For Office Use Only: Amount Paid

Check #

Cash