

RIVER RIDGE MIDDLE/HIGH SCHOOL DANCE DEPARTMENTS ANNUAL

SUMMER
DANCE
CAMP



June 12th-
June 15th

STUDENT _____ DOB _____
 SCHOOL _____ GRADE _____ T-SHIRTSIZE _____
 PARENT(S) _____
 ADDRESS _____ ZIP _____
 HOME PHONE _____ EMAIL _____
 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 his/her 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. 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 RRMS. Please note the 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. If you cancel once payment is received a partial refund may be given. I/We have read the summer dance camp contract and agree to abide by it.

Parents
signature _____ Date _____

For Office use only: Amount paid _____ Check # _____
Cash _____

