

# Summer Camps 2010

Superior School of Dance & Gymnastics

101 Front St, Hancock, MI 49930

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Camp & Camp Date: \_\_\_\_\_ Cost: \_\_\_\_\_

Address: \_\_\_\_\_

Person Responsible for Account: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone# \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

Any allergies or medical conditions? Y/N What? \_\_\_\_\_

Payment Type: check \_\_\_\_\_ cash \_\_\_\_\_



## **Authorization for Enrollment and Release from Liability**

I authorize Superior School of Dance and Gymnastics to enroll \_\_\_\_\_ in gymnastics/dance classes, and I represent that the student is physically able to participate in gymnastics classes. The student's prior medical history, physical condition, weight make it possible for him/her to participate safely. The student's personal physician agrees that the student is able to participate. Given the nature of gymnastics classes and with the knowledge that sometimes injuries occur, I do hereby release the Superior School of Dance and Gymnastics from any liability from any accident or injury occurring on or around the gym premises or at any function held at other locations in conjunction with the gymnastics classes in which the above named student on this form is enrolled.

I accept the payment for the tuition for those classes. I understand that there is no reduction in tuition for classes not attended. Payments must be paid in full at registration. In the event of injury /emergency when I can not be contacted, I give Superior School of Dance & Gymnastics permission to obtain medical services for the student named above.

Signature \_\_\_\_\_ Date \_\_\_\_\_