 **MAIL THIS TO**: 1033 Justin Ridge Way Waynesville, OH 45068

 **SUMMER CAMP 2021**

 **Registration and Medical Release Form**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) or Guardian(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Name and Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any medical conditions we should be aware of? (If so, explain please)

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 **Consent/Release Waiver**

Dance activities may carry a risk of injury to the student or participating individual. Some of these risks include: sprains, dislocations, bruises, broken bones etc. We, the staff members of A Time To Dance, will do our best to prevent injuries and accidents to participating students/individuals. It is with this understanding that I enroll my child/myself into a program at A.T.T.D. If the need arises for medical treatment, I do herby grant authority to the A.T.T.D. staff to transport or obtain transportation to the nearest hospital or treatment center. I further agree that, due to my understanding of the inherent risks involved, the owners and instructors who work with my child(ren)/myself shall not be held liable for any damages arising from personal injuries sustained within the A.T.T.D. facility or at any event associated with A.T.T.D. I hereby fully release and discharge the A Time To Dance owners and instructors from any and all damages, demands, rights of actions, claims, present and future.

 **Student Behavior**

Our guiding principle regarding student behavior is based upon Hebrews 13:17 from the Holy Scriptures. Students are expected to be quiet and attentive during class instruction and should not be a disturbance or a distraction to other students. Inappropriate behavior may result in the student being asked to sit out of the class and a parent will be notified. Repeated disrespectful behavior may result in expulsion of a student from the class. While we hope this action would be rarely used, we must reserve the right to expel a student should it ever become necessary.

 **Please Read and Sign Below**

I, the undersigned parent or guardian, have read, fully understand and agree to the above policies of A Time To Dance Performing Arts Education. I hereby give my permission to A.T.T.D. to use photographs and/or videos of the dancer listed above as deemed appropriate for the promotion of A Time To dance Performing Arts Education.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_