

SUGAR AND BRUNO SUMMER DANCE CAMP '09

Payment & Pick-Up Authorization

Fill out this registration form and send the entire packet (including payment) by July 3rd

Sugar and Bruno
7260 Georgetown Road
Indianapolis, IN 46268

PAYMENT INFO

- Monday, July 13th – Wednesday, July 15th \$250.00
- Monday, July 13th only \$100.00
- Tuesday, July 14th only \$100.00
- Wednesday, July 15th only \$100.00

PAYMENT DUE: July 3rd

Make check or money order payable to:

Sugar and Bruno Check #: _____
7260 Georgetown Road
Indianapolis, IN 46268

Pay by credit card:

MasterCard VISA American Express _____
Account #: _____ Exp. Date: _____
Authorized Signature: _____

Total Amount Enclosed: _____

*Or pay online at: pdawebstores.com/default.aspx/MenultemID/337/MenuGroup/SugarandBruno2009.htm

SUGAR AND BRUNO DANCE CAMP PICK-UP AUTHORIZATION: Please list in order of preference **all** persons who are authorized to pick up your child. For your child's safety, she/he will not be released to anyone else. No changes to this list will be made without a signed, written authorization. **Please include yourself.** Photo ID must be presented in order for camp to release an attendee.

Print Attendee's Name: _____

Registered for: July 13th, July 14th, July 15th

Name	Relationship	Signature	Phone Number

Do not release my child to: 1. _____ 2. _____

I am dropping off my attendee in the care of the staff of Sugar and Bruno/PDA Dance Camp

Signature of the Parent or Legal Guardian

Date

I am releasing my attendee from the care of the staff of Sugar and Bruno/PDA Dance Camp

Signature of the Parent or Legal Guardian

Date

PERSONAL INFO

Attendee's Name: _____

Gender: F M Date of Birth: _____ Age: _____ Birthday during camp? Y N

How many years of dance experience? None 1-3 4-6 7-9 10+

Do you dance with a studio? Y N If so, please specify: _____

Attendees favorite dance genre(s): _____

Attendees interests/hobbies: _____

Attendees T-shirt size:	YS	YM	YL	S	M	L	XL
GIRLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GUYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attendee Health History

To be completed by a Parent or Legal Guardian

Attendee's Name: _____ Date of Birth: _____ Gender: F M Age: _____

1. Parent/Guardian *(Please Circle One)* _____

Cell # () _____ Work # () _____ Home # () _____

Home Address: _____
(Street) (City) (State) (Zip Code)

E-mail Address: _____

2. Parent/Guardian *(Please Circle One)* _____

Cell # () _____ Work # () _____ Home # () _____

Home Address: _____
(Street) (City) (State) (Zip Code)

E-mail Address: _____

3. Alternate Emergency Contact *(Name/Relationship)* _____

Cell # () _____ Work # () _____ Home # () _____

Do you carry family medical/hospital insurance? Y N If so, please indicate the following:

Carrier: _____ Policy or Group #: _____

1. Please list any health issues/conditions that your child experiences

2. Please list current medication(s) your child is taking *(Provide Instructions)*

3. Please list any allergies your child experiences:

Medicines: _____

Foods: _____

Seasonal/Environmental: _____

Animals: _____

Other: _____

4. Operations or serious injuries (*dates/explain*):

5. Any specific activities to be encouraged or limited by physician's advice:

6. Name of Physician: _____ Phone # () _____

7. Date of last physical examination (*Mo/Yr*): _____

8. Specific needs (health, physical, or educational) for camp counselor awareness: _____

I understand that a Sugar & Bruno staff member will be dispensing medication per the instructions of the parent and understand that medication will be distributed in accordance with the directions provided and that those directions may be conveyed to medical providers in case of an emergency.

EMERGENCY AUTHORIZATION: I authorize any representative of Sugar and Bruno/PDA to seek medical attention for my child when immediate medical care is warranted by the circumstances and I cannot be reached, or if under the circumstances there is no time to attempt to reach me because of the nature of the injury or illness. I further authorize the health care professional selected by Sugar and Bruno/PDA to provide the necessary care and treatment for my child.

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above.

Signature of the Parent or Legal Guardian

Date

**If for religious reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.*

Participation Agreement & Waiver/Release Form

- 1. PARENT AUTHORIZATION:** I give permission for my child to participate in all camp activities. I understand that there are potential risks associated with any program requiring physical activity, including this one. I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Sugar and Bruno dance camp. I understand and agree that Sugar and Bruno does not assume any financial responsibility for medical expenses and/or compensation for any injury that my child may suffer during or resulting from participation in this program or any other activities at the Sugar and Bruno dance camp location. I agree that it is my responsibility to receive clearance from my child's physician before permitting my child to participate in this or any physical activity. I further understand that neither Sugar and Bruno/PDA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the camp information and understand the contents thereof. _____ (*initial*)
- 2. EMERGENCY AUTHORIZATION:** I authorize any representative of Sugar and Bruno/PDA to seek medical attention for my child when immediate medical care is warranted by the circumstances and I cannot be reached, or if under the circumstances there is no time to attempt to reach me because of the nature of the injury or illness. I further authorize the health care professional selected by Sugar and Bruno/PDA to provide the necessary care and treatment for my child. _____ (*initial*)
- 3. PHOTOGRAPH/VIDEO AUTHORIZATION:** Sugar and Bruno/PDA has my permission to use photographs/videos of my child in Sugar and Bruno/PDA promotional material. _____ (*initial*)
- 4. RELEASE AND WAIVER:** In consideration of my child's participation in the activities of Sugar and Bruno, I do hereby agree to hold free from any and all liability Sugar and Bruno and its respective officers, employees and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which hereinafter accrue to me arising out of or connected with my child's participation in any of the activities of the Sugar and Bruno/PDA dance camp. _____ (*initial*)
- 5. SIGNATURE:** I certify that I am the parent or legal guardian of this child and that I have authority to make the representations and grant the authorization contained herein. _____ (*initial*)

CHILD'S NAME (*Printed*)

PARENT'S NAME (*Printed*)

RELATIONSHIP TO CHILD

PARENT'S SIGNATURE

DATE