



# Duende Kids Dance Camp

## Child Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

## Parent/Guardian(s) Contact Information:

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Besides above, others who can pick child up:

\_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Lunch:** Please send children with their own lunch. Afternoon snack will be provided.

I hereby give permission to Summer Latin Dance Camp and Duende Dance studio, to photograph and/or videotape the student for educational or promotional purposes.

\_\_\_\_\_ (Initial)

## MEDICAL AND EMERGENCY INFORMATION:

Does your child have any health problems we should know about? (Include allergies)

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Is your child on any medication? No Yes

If so, please specify: \_\_\_\_\_

## REQUIRES PARENT/GUARDIAN'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child, \_\_\_\_\_, as they may deem advisable.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## PARENT STATEMENT

I hereby state that (child's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Duende Dance Studio**. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Duende Dance Studio and its employees** from liability to the above named camper, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Duende Dance Studio**, including any event sponsored or sanctioned by **Duende Dance Studio** and or travel to and from such activities.

I understand that **Duende Dance Studio** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Duende Dance Studio**, or its scheduled program and that **Duende Dance Studio**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_