

93 pine street
white river jct., vt 05001

camp registration

802.296.2526
dancerscorner.net

Student's Name _____ Birth date _____
Address _____
Cell Phone _____ Email _____
Home Phone _____ Emergency Contact _____ Phone # _____

Class	Day	Time
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Standard Photo Release

I hereby give my consent for dancers' corner to use my/my child's photograph and likeness to be used in its publications, including its website. I release dancers' corner from any expectation of confidentiality for the above signed minor child(ren) and myself and attest that I am the parent or legal guardian of the child(ren) listed above.

Parent/Guardian signature _____ Print _____ Date _____

Release of Liability

Dancing is a physical activity. We at dancers' corner will not make an evaluation as to whether your child is fit for this activity. If your child is physically impaired, it is your responsibility to obtain a physician's assessment of your child's limitations. It is always advisable to consult a physician before undertaking any physical exercise program. dancers' corner does not carry medical insurance for your child. It is your responsibility to provide medical coverage for your child. You hereby waive any claims against dancers' corner and its employees and agree that your above signed child is participating voluntarily.

Parent/Guardian signature _____ Print _____ Date _____