

CAPITAL CITY CLOGGING CO.

2008 Summer Camp Registration Form

Please print ALL information neatly. Please fill out one form per family as there is ample space to list all dancers on this form.

	DANCER'S NAME	AGE	DANCER'S SHIRT SIZE	SCHOOL/GRADE
1 st				
2 nd				
3 rd				

	PARENT'S/GUARDIAN'S NAME	E-MAIL ADDRESS	HOME PHONE	WORK PHONE	CELL PHONE
MOTHER					
FATHER					
OTHER					

DANCER'S STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

WAIVER OF LIABILITY

I, the undersigned parent or legal guardian of the dancer(s) listed above, do hereby give permission for the aforementioned persons to participate in any and all classes, programs, shows and events offered by or attended by Capital City Clogging Co. I accept all risks associated with that participation and understand that there is a full possibility of physical injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against Capital City Clogging Co. and its officers, owners, directors, employees and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the dancer(s) listed above while participating at or for Capital City Clogging Co. Furthermore, I hereby give my permission to Capital City Clogging Co. to use photographs and/or videos of the dancer(s) listed above as deemed appropriate for the promotion of Capital City Clogging Co.

INSURANCE & PERMISSION FOR TREATMENT

My signature below indicates my certification that I have medical insurance on the dancer(s) listed above and will maintain continuous medical coverage while he/she dances at Capital City Clogging Co. I also authorize Capital City Clogging Co. and its owners, employees, directors, etc. to use standard first aid procedures on the dancer(s) listed above and to consent any other medical procedure that is deemed necessary in the case of an emergency. Furthermore, I certify that I personally and/or my medical insurance carrier will be responsible for all expenses which are incurred in relation to any injury sustained during any Capital City Clogging Co. related activity including but not limited to a class, competition, show, etc.

PARENT'S SIGNATURE _____ DATE _____