

Summer Medical Information

Dancer's information:

Student's

Name _____

Age _____ DOB _____ EMAIL _____

Address _____

City _____ Zip code _____

Emergency contact information:

Please provide the numbers that you can be reached during camp times:

Name _____ relation to child _____

Phone Number _____

Anything we should know about your child:

Medical Information

I understand that Lititz Academy of Dance, Inc is not responsible for any bodily injuries sustained while on the premises or for loss or damages to any personal items brought on the premises by students or their families and friends. In the event of an emergency, I hereby give authority to Lititz Academy of Dance, Inc to obtain emergency medical treatment for _____ in the event of my absence; with the understanding that the family will be notified as soon as possible. The family is responsible for all charges corresponding to such treatment.

Photo Release

Photo and Videotape footage of LAD students maybe used in our publications, local newspaper, television ads and on our web page. NO names are ever printed; only pictures. If you **DO NOT** wish to have your child pictured (excluding Recital powerpoint and DVD), please attach a written notice to this paper. If no paper is received, it is understood that you have given Lititz Academy of Dance, Inc your permission _____ (initial) to use your dancer's picture.

I have read the ABOVE information and agree to all the regulations of Lititz Academy of Dance, Inc.

Parent or Guardian Signature

Date