

KATHRYN ROSZAK

DANSE LUMIERE

6334 Kensington Avenue

Richmond, CA 94805

(510) 233-5550

SUMMER CAMP 2012 REGISTRATION FORM

IMPORTANT: Please fill out the entire form

Circle all that apply-

Week 1 starting 7/16

Week 2 starting 7/23

Child Name:

Birthdate:

Address:

Zip Code:

Parent Name:

Telephone:

E-mail:

How did you hear about our program?

Emergency contact - IMPORTANT, we must have current/working phone numbers:

1. Your own Emergency Contact:
2. Another local Parent for Emergencies:
3. Responsible Person Outside the Area:

Name of Doctor/Phone:

Insurance:

Please answer the following questions, explaining all "yes" answers fully on another sheet, so we can better serve your child:

Does your child have any special physical, behavioral, medical, or other needs?

If yes, please describe and contact program director.

Does your child have any allergies (including medicine)?

Waiver:

I understand that Kathryn Roszak does not assume any liability for her classes. I understand that dance is a physical activity and that my child is in good health for that activity. I agree to inform the instructor of any special concerns or conditions regarding the health of my child. I agree that my child may appear in photographs/video promoting the program.

Signature/Date