

Conservatory for the Arts **DANCE CAMP**

Registration PACKET 2011

PLEASE COMPLETE ALL PROVIDED FORMS. ALL FORMS NEED TO BE ACCURATE AND LEGABLE.

MAIL IN YOUR REGISTRATION PACKET AND PAYMENT TO:

TARPON SPRINGS HIGH SCHOOL

ATTN: JENNIFER BARKER

1411 GULF ROAD

TARPON SPRINGS, FL 34689

ALL CHECK'S NEED TO BE PAYABLE TO:

TARPON SPRINGS BAND BOOSTERS or T.S.B.B.

Participant's Name: _____

OFFICE USE ONLY	Registration Received	Registration June 1st	Full Payment June 20 th
Date Received			

OFFICE USE ONLY	Check #/ DATE	Cash/DATE	Balance Due
Payment Type			

Conservatory for the Arts

DANCE CAMP

Registration 2011

PARTICIPANT'S LEGAL NAME* _____

(Last, First, Middle Initial)

BIRTH DATE _____ AGE* _____ SEX FEMALE MALE

EMAIL _____

PARENT'S/GUARDIAN'S NAME* _____

HOME TELEPHONE NUMBER* _____

WORK TELEPHONE NUMBER _____

CELLPHONE NUMBER _____

ADDRESS* _____

CITY* _____ STATE* _____ ZIP* _____

EMAIL _____

HIGH SCHOOL PARTICIPANT CURRENTLY ATTENDS _____

GRADE COMPLETED _____

PLEASE CHECK YOUR T-SHIRT SIZE

CHILD: LARGE

ADULT: SMALL

MEDIUM

LARGE

XL

I UNDERSTAND THAT THE CONSERVATORY FOR THE ARTS DANCE CAMP DOES NOT PROVIDE INSURANCE. I ALSO UNDERSTAND THAT PARTICIPANTS WITH REOCCURRING BEHAVIORAL PROBLEMS WILL BE DISMISSED FROM CAMP WITHOUT A REFUND. MISCONDUCT WILL NOT BE TOLERATED.

PARTICIPANT'S SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

Conservatory for the Arts

DANCE CAMP

EMERGENCY 2011

EMERGENCY CONTACT

Participant's Name: _____	Birth Date _____
Mother's Name: _____	
Cell Phone Number: _____	Home Phone Number: _____
Work Phone Number: _____	
Father's Name: _____	
Cell Phone Number: _____	Home Phone Number: _____
Work Phone Number: _____	
Other Phone Number: _____	

Emergency Contact #1 (if parent's can not be reached)	
Name: _____	
Relationship: _____	
Address: _____	
Telephone Number 1: _____	
Telephone Number 2: _____	
Emergency Contact #2 (if parent's can not be reached)	
Name: _____	
Relationship: _____	
Address: _____	
Telephone Number 1: _____	
Telephone Number 2: _____	

ONLY these individuals on this page have my authorization to care for my child in the event of an emergency
and/or for drop-off and pick-up (unless driving themselves.)

List any other parent/relative that will be picking up/dropping off during the week: _____

Parent / Guardians Initial: _____

Conservatory for the Arts

DANCE CAMP

MEDICAL 2011

MEDICAL INFORMATION

Participant's Name: _____

I have no known allergies.

I have an allergy to the following food(s): _____

This causes anaphylaxis: yes no

Describe reaction if food is eaten and what is done to manage it: _____

I am allergic to the following medication(s): _____

I am allergic to the following substance(s): _____

I have the following chronic health condition(s): _____

Please provide supportive health information about the condition, your concerns, and what we can/should do:

I am on the following medication*: _____

*The Conservatory for the Arts DANCE CAMP staff will NOT administer medication, except in an emergency situation, unless we have explicit permission from parents.

What else would you like us to know about your health and well-being? (Use separate paper if needed)

Signature of Parent or Guardian

Date

Participant's Signature

Date

Conservatory for the Arts DANCE CAMP

CONSENT 2011

CONSENT AND RELEASE FORM

I, on behalf of myself, and the below named child ("Participant") (collectively, the "Consentee") acknowledge that as a participant in the CONSERVATORY FOR THE ARTS DANCE CAMP (the "Program") that the Participant may engage in, among other things, recreational activities and dance activities. Consentee agrees to assume all risks and liabilities associated with Participant's participation in the Program and to hold the Conservatory for the Arts DANCE CAMP, its directors, officers, agents, contractors and employees (collectively, "Conservatory for the Arts DANCE CAMP") harmless from any and all claims, causes of action, losses or damages arising from or as a result of Participant's participation in the Program, except due to the negligence or wrongful act or omission of the Conservatory for the Arts DANCE CAMP. However, the Conservatory for the Arts DANCE CAMP's liability hereunder is subject to the extent and limitations of Section 768.28, Florida Statutes, and nothing herein shall be construed as a waiver of the Conservatory for the Arts DANCE CAMP's sovereign immunity beyond that provided in Section 768.28, Florida Statutes.

Consentee also hereby authorizes the Conservatory for the Arts DANCE CAMP to photograph, record, tape, film or electronically capture in permanent form the Participant and Participant's name, likeness, image, voice, biographical and personal information, appearance and/or performance, and/or further to use and publish the writings of Participant (collectively, the "Work").

Consentee further grants the Conservatory for the Arts DANCE CAMP full permission to edit the original Work as shall be deemed necessary; that the Work and Participant's name may be used, published and distributed, without remuneration to Consentee in whole or in part, for educational, instructional, advertising or promotional purposes in print or over open broadcast, cable, audio-visual, radio, closed circuit exhibition, computer link, Internet or other medium as deemed appropriate by the Conservatory for the Arts DANCE CAMP, in perpetuity, throughout the world. For these purposes, Consentee waives and relinquishes my rights and the rights of the Participant with respect to any personal rights, privacy rights and protections, including, but not limited to, those rights under the Family Educational Rights and Privacy Act of 1974, as Amended (FERPA), Section 1002.21 and 1002.22, Fla. Stat., Section 23 of Article I of the Florida Constitution and The Board of Trustees Conservatory for the Arts DANCE CAMP. Said Work shall become the sole property of Conservatory for the Arts DANCE CAMP and may be copyrighted in its own name or name of its choosing.

Consentee also releases the Conservatory for the Arts DANCE CAMP from any and all claims for libel, slander, invasion of privacy or other claims based on Participant's appearance and/or performance and the recording of such, and agrees to hold the Conservatory for the Arts DANCE CAMP harmless from any and all claims by third parties, including any claim based on an allegation of copyright infringement related to Participant's appearance or performance.

Name of Participant (Please print)

Telephone Number

Address

City

State

ZIP Code

CONSENT

I represent that I am the parent or guardian of the above named minor Participant and have the authority to execute this Conservatory for the Arts DANCE CAMP Consent and Release Form. I hereby consent to the foregoing on behalf of the above named minor Participant.

Signature of Parent or Guardian

Date

Signature of Participant

Date

Signature of Witness

Date