

GOOD TIMES DAY CAMP

REGISTRATION FORM

CHILD INFORMATION

Child's Full Name: _____ Circle One: Male Female

Date of Birth: _____ / _____ / _____ Desired Start Date: _____ / _____ / _____

Name of School: _____ Grade Level: _____

Address: _____

City: _____ State: _____ ZIP: _____

List each day you wish your child to participate. _____

CONTACT INFORMATION

Father/Guardian's Name: _____

Phone: (h) _____ Phone: (w) _____ Phone: (c) _____

Email Address: _____

Mother/Guardian's Name: _____

Phone: (h) _____ Phone: (w) _____ Phone: (c) _____

Email Address: _____

CHILD MEDICAL INFORMATION

Does your child have any known allergies?: Yes _____ No _____

If so, please explain: _____

Does your child require medication?: Yes _____ No _____

If so, please list medication: _____

Will your child require medication to be administered during the program? If so, please explain:

EMERGENCY INFORMATION: (Please list a minimum of two additional contacts that may be contacted in case of an emergency. Please be sure to list people who are also authorized to pick your child up.)

Name Phone Relationship

Name Phone Relationship

GOOD TIMES DAY CAMP

REGISTRATION FORM

PLEASE CHECK THE APPROPRIATE BOX

- I give Good Times Day Camp permission to use pictures and video of my child for advertisement purposes.

YES

NO

- I have read and agree to all policies and procedures listed in the Good Times Day Camp handbook.

YES

NO

LIABILITY WAIVER

By signing this document I (we) agree to the following terms: In case of illness or accident, Good Times Day Camp is authorized to secure emergency medical treatment at my expense. Good Times Day Camp reserves the right to dismiss any participant who does not show respect for the facility, including but not limited to: property, equipment, policies, other members and staff. Members who are dismissed will not be given a refund of fees paid. Good Times Day Camp assumes no responsibility for personal property that is either in or out of lockers/cubbies. By signing this Enrollment Form, I (we) hereby waive any and all claims against Good Times Day Camp. I understand that use of the facilities and equipment at Good Times Day Camp may involve risk of bodily injury or property damage and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that the child registered above can safely participate in activities and events at Good Times Day Camp. I also understand and agree that by signing this Agreement, I am giving up my (or the minor for whom I sign) right to make any claim against Good Times Day Camp, its agents, employees and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I might suffer while using Good Times Day Camp/Moooves Dance Studio facilities and services, except as limited by law.

By signing below, I understand and agree to all items listed on this registration form and in the Good Times Day Camp handbook.

Name of Parent or Guardian (Please Print): _____

Signature: _____ Date: _____