**HHS Silver Dancer**

**Spring Dance Clinic Registration Form**

**April 22, 2017 8:00 am- 1:00 pm**

**PLEASE PRINT CLEARLY**

**Camper’s Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Camper’s First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camper’s Age:** \_\_\_\_\_\_\_\_\_\_ **years** **Camper’s Date of Birth:** \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

**Camper’s Grade Level for the 2016-2017 School Year *[please choose one (1)]***

\_\_\_\_\_PreK \_\_\_\_\_Kindergarten \_\_\_\_\_1st Grade \_\_\_\_\_2nd Grade \_\_\_\_\_3rd Grade

\_\_\_\_\_4th Grade \_\_\_\_\_5th Grade \_\_\_\_\_6th Grade \_\_\_\_\_7th Grade \_\_\_\_\_8th Grade

**Camper’s Shirt Size *[please choose one (1)]***

\_\_\_\_\_Child Small \_\_\_\_\_Child Medium \_\_\_\_\_Child Large

\_\_\_\_\_Adult Small \_\_\_\_\_Adult Medium \_\_\_\_\_Adult Large

**Prices:** $40 per child ($5 late registration fee after April 14, 2017)

**Camper’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referring Silver Dancer’s Name, if applicable:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will the camper be performing with the Silver Dancers at the April 28th Spring Show? YES NO Undecided**

**Will the camper be performing with the Silver Dancers at the April 29th Spring Show? YES NO Undecided**

**Camper’s Address (include street address, city/state, and zip code):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Custodian Phone Number:** (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**Alternate Phone Number:** (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**Parent / Custodian Email:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact (first and last name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Phone Number:** (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camper’s Doctor’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Doctor’s Phone Number:** (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**Special Medical Conditions / Allergies we should be aware of** *(use back of page, if more space is needed):*

**Medications taken regularly and times** *(use back of page if more space is needed):*

\_\_\_\_\_ I give the Silver Dancers clinic workers or other designated personnel permission to photograph my child during the dance clinic for possible use in media publications, flyers, video presentations, and webpage materials that promote the Silver Dancers. I understand that no names will be used in any such publication.

\_\_\_\_\_ I hereby give my permission for my child to participate in the Silver Dancer’s dance clinic. I hereby waive and release HHS, HHS dance directors, dance clinic workers, and Pflugerville ISD from any liability for injury or illness incurred while at the dance clinic.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian Printed Name** **Parent / Guardian Signature**  **Date**