

# Princess Camp Registration Form

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Cell

Special Needs, e.g. allergies \_\_\_\_\_  
(Please inform teacher and receptionist)

How did you hear about us? \_\_\_\_\_

I, the undersigned, hereby authorize Dance Studio No. 1, its owners, officers, directors, affiliates, agents, employees and independent contractors, ("Studio") to authorize and consent to the administration of any emergency medical treatment on behalf of the above named minor ("Minor"), which the Studio in good faith believes to be necessary or, after consulting with a licensed physician or paramedic, emergency care including, but not limited to: x-ray examinations and medical or surgical diagnosis or treatment and hospital care to be rendered to the Minor under the general or special supervision and upon the advice of any licensed physician, surgeon, dentist or paramedic. This authorization is provided in advance of any specific diagnosis, treatment or hospital care being required. The Studio will attempt to contact the undersigned prior to consenting to emergency medical care for the Minor, but emergency medical care will not be withheld if the undersigned cannot be reached.

The undersigned expressly represents that the Minor is in a condition of good health and soundness of body that warrants his/her undertaking all aspects of the Studio's programs.

Any and all risks assumed by Minor in all aspects of the Studio's programs are hereby assumed and undertaken by the undersigned and the Minor. The Studio shall not be liable for any claims, demands, injuries or causes of action whatsoever to person or property connected with the use of any of the services or facilities of the Studio or while at or adjacent to the parking area and premises known as 12121 Pico Blvd., Los Angeles.

I have carefully read this agreement and release, and fully understand its contents. I acknowledge and understand that, by this agreement, I and the Minor agree to assume all risks of participating in the Studio's programs and in the event of the Minor's illness or injury, we have no recourse against the Studio. I hereby represent that I am the Minor's authorized parent or guardian.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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