

# CY Danceworks Summer Camp

Child's Name: \_\_\_\_\_

Age at time of camp: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emergency Contact phone number: \_\_\_\_\_

Medical Conditions / Food Allergies: \_\_\_\_\_

Requested Summer Camp Date: \_\_\_\_\_

## LIABILITY RELEASE STATEMENT

In the event of an accident or injury, the parents will be the first to be contacted. If we are unable to reach you, we will result to the emergency contacts. If at worst, no one can be reached, I then, will be obligated to provide the medical assistance your child needs to remain safe and healthy. However, CY Danceworks will not be responsible for any payment of medical expenses, or treatments for injuries that occur while at the studio, nor will CY Danceworks be held responsible or liable for any lawsuits involving these injuries that happen to your child. By signing below I confirm that the information I have provided above is accurate and I agree to the terms of the Liability Release Statement.

Parent Signature: \_\_\_\_\_