

Dance Camp 2026 Registration Information

Participant _____
Address _____
City _____ Zip Code _____
Age _____ Grade _____ School _____
Parent or Guardian _____
DaytimePhone/Cell _____
Allergies _____
Medications Currently Taking _____
Email Address _____

In the unlikely event of injury, and I cannot be reached, I hereby give my consent for my child to receive emergency medical care.

Parent Signature Date

I hereby request and give permission for my youth to participate in Dance Camp 2026. I understand and assume the risks inherent with this event and I also understand that all reasonable care and supervision will be exercised to provide for the general well being of my youth. I, on behalf of my youth named above, do hereby release, convent not to sue, and save harmless: The Most Rev. Gregory Parkes, Bishop of the Diocese of St. Petersburg, Tampa Catholic High School, and the employees, agents, and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in the event.

Parent Signature Date

Please complete this form for each participant of DANCE CAMP 2026 and return along with payment of \$95.00.

Make checks payable to: Susan Johnson

Mail to: Tampa Catholic High School
Attn: Sue Johnson/Dance Camp 2025
4630 N. Rome Avenue
Tampa, FL 33603

Shirt size needed:

YS _____ YM _____ YL _____ AS _____ AM _____ AL _____