

CAMP REGISTRATION FORM

Parent Name: _____

Student's Name: _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact (other than above): _____

Phone: _____

Does your child have any allergies or medical conditions? If so, please explain:

Please fill in the days your child will be attending:

Acro Camp Dates: _____

Swifie Camp Dates: _____

Ballerina Camp Dates: _____

Bluey Camp Dates: _____

Princess Camp Dates: _____

Yoga & Art Camp Dates: _____

Choreographer's Camp Dates: _____

Cheer Camp Dates: _____

Magic Camp Dates: _____

Unicorn & Mermaid Camp Dates: _____