



# 2012-2013 JR. DANCE CAMP

## Annual Registration

**Camper Name** \_\_\_\_\_ **Grade for 2012-13** \_\_\_\_\_ **Gender** \_\_\_\_\_

Allergies or medical conditions \_\_\_\_\_

**Camper Name** \_\_\_\_\_ **Grade for 2012-13** \_\_\_\_\_ **Gender** \_\_\_\_\_

Allergies or medical conditions \_\_\_\_\_

**Camper Name** \_\_\_\_\_ **Grade for 2012-13** \_\_\_\_\_ **Gender** \_\_\_\_\_

Allergies or medical conditions \_\_\_\_\_

Mother or Guardian	Father or Guardian
Name _____	Name _____
Street Address _____	Street Address _____
City, Zip _____	City, Zip _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
E-Mail Address _____	E-Mail Address _____

**Emergency Contact (Other than Parents):** We give the following person permission to make medical decisions about and transport our children if we cannot be reached.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

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

In addition to parents/guardians & emergency contact, campers may also be picked up with photo I.D. by:

Name \_\_\_\_\_ phone: \_\_\_\_\_

Name \_\_\_\_\_ phone: \_\_\_\_\_

Name \_\_\_\_\_ phone: \_\_\_\_\_

Name \_\_\_\_\_ phone: \_\_\_\_\_

Do you give Diamond Line Volunteers permission to take your child's picture to share the fun of the Diamond Line Junior Camp Program?    Yes                      No

**Parent/Guardian Signature** \_\_\_\_\_ **date:** \_\_\_\_\_



# Additional Medical Information



I hereby give my permission to the Diamond Line Junior Camp Volunteers and Staff do whatever is deemed necessary in case of illness or injury in the event that neither parents nor the doctors listed below can be reached to care for my child(ren), \_\_\_\_\_

printed first and last names of child(ren)

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy Holder \_\_\_\_\_

Type Coverage \_\_\_\_\_ Is this  a Group Policy or  an Individual Policy?

If Group, list the organization or business insured \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number (if applicable) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number for Doctor \_\_\_\_\_

I, the undersigned parent or guardian, do hereby grant permission for the following child(ren) to participate in the Junior Dance Camp Programs during the 2012-13 school year.

\_\_\_\_\_ printed first and last names of child(ren) participating

I agree to hold harmless San Marcos Independent School District, its Trustees, employees, Diamond Line Dance Team and volunteers who conduct the camp, for any illness or injury incurred by the above named participant(s) during the course of the camp.

**Parent/Guardian Signature** \_\_\_\_\_ **date:** \_\_\_\_\_

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**Camper Covenant**

As a Junior Diamond Line Camper, I promise to follow the leadership and guidance of the Director, the Diamond Line Dance Team and their adult volunteers during this camp. I will listen and respond to instruction, follow the camp rules, and use my best positive attitude during all camp activities.

**CAMPER Signature(s)**

\_\_\_\_\_ **date:** \_\_\_\_\_  
\_\_\_\_\_ **date:** \_\_\_\_\_  
\_\_\_\_\_ **date:** \_\_\_\_\_

As a parent of the above Junior Diamond Line Camper(s), I will make sure my child understands the expectations of the camp, and will ensure that he/she arrives on time each day, dressed appropriately for camp activities.

**Parent/Guardian Signature** \_\_\_\_\_ **date:** \_\_\_\_\_

I acknowledge the information on both pages of this application are current and understand that the waivers and permission granted here-in apply to any Diamond Line Junior Camp during the 2012-13 school year. I'll review the information at each camp attended and sign below to certify the accuracy.

**SUMMER Camp Parent/Guardian Signature** \_\_\_\_\_ **date:** \_\_\_\_\_

Payment of \$ \_\_\_\_\_  Cash or  Check # \_\_\_\_\_ Rcv'd by \_\_\_\_\_

**FALL Camp Parent/Guardian Signature** \_\_\_\_\_ **date:** \_\_\_\_\_

Payment of \$ \_\_\_\_\_  Cash or  Check # \_\_\_\_\_ Rcv'd by \_\_\_\_\_

**SPRING Camp Parent/Guardian Signature** \_\_\_\_\_ **date:** \_\_\_\_\_

Payment of \$ \_\_\_\_\_  Cash or  Check # \_\_\_\_\_ Rcv'd by \_\_\_\_\_