****EDC **SUMMER** Dance + Tumbling Camps Registration Form - June or July - 2025

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_Date of Birth\_\_\_\_\_\_\_Gender\_\_\_\_

Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information: Mom’s Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dad’s Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class(es) Taking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any disabilities or medical issues that we should be aware of?

Studio Location? Put a checkmark by the camp(s) you are registering for:

**\_\_\_\_ Lena Dance Camp** (July 7th – July 11th)  *\_\_\_\_* **Elizabeth Dance/Tumbling Camp** (June 23rd – 27th)

**\_\_\_\_ Lena Tumbling Camp** (July 21st – 25th)

 ***EDC Summer Dance Camp*---LIABILITY WAIVER** \*must be signed to take lessons\*

My signature below releases *Elizabeth Dance Center*, its officers, directors, staff, employees, independent contractors, volunteer helpers, and landlords from any and all liability that may result from myself, my children, or any member of my family participating in dance lessons, exercise classes, rehearsals, parties, private lessons, performances, field trips, or any function sponsored by *Elizabeth Dance Center*. I understand that dance, by its nature, is very physical and assumes some risk of injury.

By signing this waiver I’ve given my permission to allow for my child’s picture and/or video to be used for advertising purposes and to share on social media. These pictures/videos may be taken at any Elizabeth Dance Center performance/class/event.

I agree to hold *Elizabeth Dance Center*, its officers, directors, staff, employees, independent contractors, volunteer helpers, and landlords 100% harmless for any and all injury that may result from my dancer, myself, or any member of my family participating in the activities listed above. Our participation is completely voluntary.

I have listed any special medical problems that I have or my child receiving dance lessons has below. Our family doctor approves of our participation in the above listed activities in spite of these medical problems. My signature verifies that I have read this waiver and agree and accept its contents.

Sign Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name/Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAIL FORM + PAYMENT TO:** EDC Summer Dance Camp, Liz Walker, 8363 W. Salem Rd, Lena IL 61048