

**Registration form - Camp 2017**

Which week(s) would you like: .....

**Child's details**

Name of child: ..... Age (date of birth): .....

Does your child have asthma or allergies (including food or drug allergies)? .....

Does your child have any past or present injuries we should be aware of? .....

Will your child need to take any medicine on camp? .....

Can your child swim? ..... Are you bringing a bike? .....

Would you like to do the sleep over? (10 000 Ft) .....

Would you like house pick- up? (3000 ft per day) .....

Can we put pictures up on Facebook & the web page? .....

Can we use pictures for print use, eg. prospectus, promotion etc? .....

**Parent's details**

Name of parent: ..... Mobile: .....

Address: .....

Emergency number: ..... Email address: .....

**Payment details**

35 000 Ft non-refundable deposit (If paid by April 1<sup>st</sup>) or 40 000 Ft non-refundable deposit (Paid after April 1<sup>st</sup>).

35 000 Ft to be paid on the first day of camp.

**Permission/Payment** I give my permission for \_\_\_\_\_ to take part in the DCA summer Program. My child is covered by our own medical insurance. I understand that dancing and other activities associated with our camp have an inherent risk factor, and that all appropriate precautions will be taken for the safety of my child.

I give my permission to DCA staff and volunteers and/or hospital staff to administer proper medical assistance to the above named participant if we cannot be reached. I agree not to hold DCA responsible in the event of injury to my child. I have enclosed a non-refundable deposit of ..... The remainder will be paid on the first day of camp.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian