

Registration form - Camp 2019

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 Thursday Night Sleepover? _____

Would you like house pick-up? (3 000 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:

46.500 HUF non-refundable deposit / 40.000 HUF 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 46.500 HUF. The remainder will be paid on the first day of camp.

_____ Date: _____

Signature of Parent or Guardian