

**Jaclyn Carol's Dance Academy**  
**2022 Theater Camp Registration Form**

Students Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Cell \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Cell \_\_\_\_\_

Name of Responsible Party \_\_\_\_\_

If the address and phone number are different from the above address. (Please include Telephone number) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Does your child have any allergies?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical conditions that may affect physical activity?

Does your child need any special accommodations?

\_\_\_\_\_  
\_\_\_\_\_

**Vacation Time**

Are you going away anytime between July 11th- August 6th? It is very important that we know this in advance so we can cast accordingly.

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**Agreement of Participation**

I have read and understood the rules and regulations of theater summer camp. I understand my child will participate in vigorous activities that involve some degree of risk of strain or bodily injury. Jaclyn Carol's Dance Academy is not responsible for personal property. By signing this I agree to pay all fees and abide by theater camp regulations corresponding with the written deadlines. I understand that no refunds will be given for camp tuition or patron ads. I hereby acknowledge that I have read the statements above and agree to participate accordingly and that no fees will be refunded.

Date \_\_\_\_\_

Signature \_\_\_\_\_

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**OFFICE USE ONLY**

Payment made: Y/ N Amount: \_\_\_\_\_

Date Payment was made: \_\_\_\_\_

Payment Type: Cash \_\_\_\_\_ Check \_\_\_\_\_