D’AIR AERIAL DANCE CAMP

SUMMER 2017 REGISTRATION FORM

**CAMP DATES (check one) :**    
\_\_\_July 17-21  (ages rising 1st-12th grades)

**CHILD’S NAME (first, middle, last):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age:** \_\_\_\_\_\_ **Birth date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ethnicity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother/Father/Guardian’s name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ext.** \_\_\_\_ **Mobile #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health and Medical Information:**

Camper Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone# of Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any dietary, activity, or other restrictions that apply to this person (please note we are not a peanut free facility): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this person routinely taking any medications including over-the-counter,

vitamins, or alternative medication? (Circle one) YES / NO

If YES, Please list any Medications they may be taking while attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY ALLERGIES?: (circle one) YES / NO

Is this person allergic to: \_\_Drugs \_\_\_Plants \_\_\_Insects \_\_\_Animals \_\_\_Food \_\_\_Other

If checked yes, Please list and explain allergies

List any additional information about the attendee's behavior and physical, emotional, or mental health that staff should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Information

In case of emergency, please contact the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_

Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ext. \_\_\_\_ Mobile # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize D’AIR to allow the following individual(s) to pick up my child (photo id will be required)

**MEDICAL RELEASE FOR PARENTS/LEGAL GUARDIANS OF MINOR STUDENTS (please initial)**

\_\_\_ In the unlikely event of a medical emergency, and if I am not available, I authorize D.A.I.R.,

Inc. staff to use their best discretion in obtaining medical treatment for my child.

**PHOTOGRAPHY AUTHORIZATION**

\_\_\_ I give permission for myself and/or my child to be photographed or videoed by D.A.I.R., Inc.

(from time to time, D.A.I.R., Inc. may take photographs or video of you and/or your child. These pictures may be used for press releases, brochures, newsletters, announcements, our website and other D.A.I.R., Inc. literature. When a child’s name is referenced, only the first name is used)

**Special Circumstances**

Parents or guardians are required to inform D’AIR in writing, prior to a child’s acceptance in a D’AIR program, of any special circumstances which may affect the child’s ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

I understand and acknowledge that it is the responsibility of the parent(s)/guardian to make full disclosure to D’AIR of any

special circumstances which may affect the ability of my child/ward to participate, as described above; it is the responsibility of the parent(s)/guardian to inform D’AIR of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and full disclosure of any special circumstances is material to D’AIR’s evaluation of the

child’s/ward’s ability to participate and D’AIR’s consideration of any requested accommodation.

Please initial, indicating that you have read and understand the above:

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

Parent/legal guardian Date