

Lil Tigerette Dance Camp

Registration Form 2018

PLEASE PRINT ALL INFORMATION CLEARLY

CAMP DATES: JULY 24TH – 26TH 12PM – 3PM

Child's Name: _____

Child's Age: _____ Grade: _____ DOB: ____/____/____

Address: _____

City: _____ State: TX Zip Code: _____

Child's Tshirt Size: YXS YS YM YL YXL Adult Sizes: S M L XL 2XL

Parent/Guardian Name: _____

Cell: (____)____-____ 2ndPhone: (____)____-____

Emergency Contact Name: _____

Relationship to child: _____

Emergency Contact#: (____)____-____

I agree as parent/guardian to hereby release and hold harmless Commerce ISD, it's trustees, employees, agents, sponsors, and volunteers from all legal responsibility including claims, demands and lawsuits, resulting from any or related to any incidents or activities arising from or connected in any manner with this Commerce ISD sanctioned activity. In case of an emergency, and with the approval of the activity sponsor or Commerce ISD administrator-in-charge of said activity, I give my approval and authorization for first aid treatment and any medical treatment by local physicians and/or hospital, including surgical procedures for the above listed student. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

Parent/Guardian Signature: _____ Date: _____

Please return this form to CHS front office with Mrs. Bowes.

Office Hours: Monday – Thursday 8am-4pm

Cash or Check accepted

\$30.00 (\$20.00 for each additional sibling)