



**Damascus, Olney,
& Wheaton
Studio of Dance**

APPLICATION FORM

CAMPER INFORMATION

Full Name :

Date Of Birth : _____ / _____ / _____ Gender : _____

Address : _____

Phone Number : _____

T-Shirt Size : YM YL AS AM AL AXL

Years of Instruction : Ballet Jazz Hip Hop Other Beginner

Roommate Requests : _____

Allergies : _____

EMERGENCY CONTACT DETAILS

Contact Name : _____ Phone Number : _____

Relationship : _____ Email : _____

AGREEMENT

I understand that I, as a parent/guardian will be contacted in the event of a medical emergency and the Director of the Damascus, Olney, & Wheaton Studio of Dance Camp or an appointed representative will sign for medical treatment ONLY if I cannot be reached. I hereby authorize medical care under these circumstances. I agree I am responsible for all costs associated with injury or loss sustained by my child as a result of their participation at the camp. I release any liability from the Damascus, Olney, & Wheaton Studio of Dance camp and it's staff.

Parent/Guardian Signature & Date : _____