



EMERGENCY INFORMATION AND RELEASE CARD

CHILD'S NAME _____ AGE _____

HOME ADDRESS _____

PARENTS NAME _____ TELEPHONE _____

ADDRESS _____

DOCTOR'S INFO

NAME _____ ADDRESS _____

TELEPHONE _____

PLEASE LIST ANY SPECIAL ILLNESS OR ALLERGIES

IS THERE ANYTHING ELSE THAT YOU WOULD LIKE TO TELL US ABOUT YOUR CHILD THAT WILL HELP TO MAKE SUMMER CAMP A POSITIVE EXPERIENCE

MY SIGNATURE BELOW AUTHORIZES RAYN FALL DANCE STUDIO TO TRANSPORT MY CHILD _____ TO _____ IN CASE OF SERIOUS ACUTE EMERGENCY. THE CENTER HAS PERMISSION TO ADMINISTER ROUTINE FIRST AID IF NECESSARY.

Signature

ALTERNATE EMERGENCY CONTACT PERSON

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

TELEPHONE _____ TELEPHONE _____

RAYN FALL SUMMER DANCE CAMP



CONTRACT TERMS & AGREEMENT

BY COMPLETING AND SIGNING THIS APPLICATION I HEREBY DECLARE THAT ALL SUPPLIED INFORMATION IS CORRECT AND CURRENT. I ALSO AGREE TO THE FOLLOWING TERMS:

1. I understand and agree that the \$30 registration fee is **NON-REFUNDABLE** and is due ON THE DATE I REGISTER, IN ADDITION TO THE FIRST WEEK'S PAYMENT.
2. I understand and agree to make weekly payments or pay total due to the Rayn Fall Dance Studio.
3. I understand that payments will be automatically withdrawn each date listed below and hereby give permission.

Regular Payment Schedule

1 st Payment	Due at Registration
2 nd Payment	July 2, 2021
3 rd Payment	July 9, 2021
4 th Payment	July 16, 2021
5 th Payment	July 23, 2021

4. I understand and agree Rayn Fall Dance Studio will assess a \$10 late fee for payments made after the payment due date.
5. I understand and agree all field trips are included in tuition and registration fees.
6. I understand that photos will be taken of camp activities and hereby give permission.

PARENT SIGNATURE

Date

Camp Director Signature