

*Expressions Dance Of Jacksonville Inc.*

Registration Form/Application

One form needed for each Camper

Registration Fee- returning campers \$35.00; new campers \$50.00

Camper's Name \_\_\_\_\_ Age: \_\_\_\_ DOB \_\_\_\_\_

T-shirt Size **S M L XL** (please circle one) Additional T-Shirt **Y N** (please circle one)

Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Existing Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Number: \_\_\_\_\_

Please check one: Full Time Camper \_\_\_\_ Part-time Camper \_\_\_\_ (M,T,TH)

Sibling Name: \_\_\_\_\_

Authorized to pick up camper:

Name	Number	Relationship
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Office Area
Weekly Fee _____
Registration Fee _____ Additional T-Shirt Fee _____