

IGNITE Dance & Yoga Summer Camps 2018

(Please fill out a separate form for each student)

Student First Name	Last Name
Street Address	
City	State
Home Phone	
Email Address	
Parents' Names	Parents' Phones
School	Grade in School
Birthdate	Age
Allergies/Medical Conditions	
Emergency Contact/Phone	
How Did You Hear About IGNITE?	

CAMP (Style and Date)	PRICE

I, the parent or the adult student, acknowledge that the student is taking class at their own risk and will not hold IGNITE Dance & Yoga liable in the event of physical injury or personal loss. In the event of a medical emergency, all attempts will be made to first contact the parent. If unsuccessful, this signature authorizes us to contact 911. I acknowledge that IGNITE Dance & Yoga may take photos/videos of the students for the purpose of promoting the studio.

Sign _____

Date _____

I have read and agree to the terms and conditions as stated in IGNITE Dance & Yoga's Policies and Procedures.
 Registration forms may be mailed to IGNITE Dance and Yoga, PO BOX 193, North Bend, WA 98045-0193