



CBS Summer Dance Camp Participant Registration Form

Participant #1 Information:

Full Name: _____ Nickname: _____ Male _____ Female _____

Participant Date of Birth: _____ Age during camp: _____

Address: _____ City: _____ State: _____ Zip: _____

Guardian Name: _____ Phone number: _____

Alternative Phone number: _____ Guardian Email: _____

Is this child allergic to anything? _____ If yes, explain: _____

Is this child currently taking medication? _____ If yes, explain: _____

Please circle below what week(s) this child would like to participate in the Kid's Summer Camp

June 24-28 July 8 -12 July 15-19 August 5-9

Number of Weeks: _____ x \$130 per week (\$110 if paid by May 1) = Amount Due: _____

Date Paid: _____ Check _____ Cash _____ Credit Card (3.5% processing fee) _____

Participant #2 Information:

Full Name: _____ Nickname: _____ Male _____ Female _____

Participant Date of Birth: _____ Age during camp: _____

Is this child allergic to anything? _____ If yes, explain: _____

Is this child currently taking medication? _____ If yes, explain: _____

Does this child have special needs*? _____ If yes, explain: _____

*Programs are provided for people of all abilities. If there is need for reasonable modification, please answer YES above and speak to a manager prior to the start of the camp. Each request will be assessed in compliance with the ADA.

Please circle below what week(s) this child would like to participate in the Kid's Summer Camp

June 24-28 July 8-12 July 15-19 Aug 5-Aug 9

Number of Weeks: _____ x \$130 per week (\$110 if paid by May 1) = Amount Due: _____

Date Paid: _____ Check _____ Cash _____ Credit Card (3.5% processing fee) _____

Total Amount Due (all participants): _____