

Summer Camps

.... A chance to try new things and improve on your existing skills !!!

Campers Name	
Age	
DOB	
Address	
Parent/ Guardian Name	
Parents/Guardians Contact Phone	
Number	
Emergency Contact Name	
Emergency Contact Phone Number	
Relationship to Camper	
Contact email	
Please list any medical information	
including broken bones from the past 6	
years	
Name and Date of Camp Attending	
Please list any prior	
cheerleading/Dance/theatre	
experience including school/studios	
name.	
Deposit of €20 Paid	
Would you like to receive our 2014/15	
class schedule?	
Photographs may be taken for	
promotional use, please confirm YES if	
you allow your child to be in these	
photos or NO	
Please list any other relevant	
information?	

In the case of an unlikely emergency, the primary parent/guardian will be contacted first, if we receive no answer the emergency contact will be then notified. Please make sure to list any information re childminders/family members dropping or collecting your child/ren from camp.