



**PHYSICIAN'S INFORMATION: All Information Is Required**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**MEDICAL HISTORY: Leave Blank If Not Applicable**

**ALLERGIES:** Please list your child's allergies here:

\_\_\_\_\_

**MEDICATIONS:** Please list your child's medications and reason for taking them:

\_\_\_\_\_

**DIETARY:** Does your child have any dietary restrictions? if yes, please list:

\_\_\_\_\_

**CONDITIONS:** Does your child have any chronic illness or medical conditions? If yes, please explain.

\_\_\_\_\_

**INJURIES:** Has your child had any operations or serious injuries? If yes, please explain & give dates:

\_\_\_\_\_

**SPECIAL NEEDS:** In order for our staff to ensure your child has a happy experience at Summer Camp, please share any special needs your child may have (i.e. learning disabilities, limitations, fears etc...)

\_\_\_\_\_

**STATEMENT:** I hereby certify that my child named herein is in normal health and capable of safely participating in this summer recreation program. I indemnify and hold harmless Ave Maria Dance Academy its owners, volunteers or employees and all involved with this program from liability for any harm that befalls my child as a result of his/her participation in this program. In case of illness or emergency, I authorize the program director or assigned personnel to secure the services of a doctor and emergency treatment as necessary. I understand that medical information and personal data will be used only when necessary, to protect my child's well-being. I understand that there are no refunds, credits, extensions, pro-rates or transfers of camp tuition or registration payments. I agree that I and my child will adhere to camp policies/rules of conduct.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE RETURN THIS FORM IN PERSON, BY MAIL OR FAX TO:**

Ave Maria Dance Academy 5068 Annunciation Circle, Suite 103 Ave Maria, Fl. 34142

**All Major Credit Cards Accepted** Please make checks payable to: **Ave Maria Dance Academy**

**OFFICE USE:**

AMT. PAID: \$      DEPOSIT: \$      REG. FEE: \$      CASH      CHECK      CREDIT CARD