



**YOUTH PASSPORT TO THE FUTURE
YOUTH PERFORMANCE ARTS ACADEMY
DANCE/CHEER CAMP
MAY 11-19, 2013
REGISTRATION FORM**

TODAY'S DATE: _____

REGISTRATION \$25.00

YOUTH'S INFORMATION				
Youth's Full Name (First, Middle & Last Name)	Sex (M/F)	Age	Birth Date	Grade

PARENT/GUARDIAN INFORMATION		
(Answer the questions below for the primary parent/guardian living in the home)		
Name:	Relationship to Youth:	
Address:		
City:	State:	Zip Code:
Daytime Phone:	Receive text: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Cell Phone/ Pager:	Work Phone:	
Email address:	Other:	

EMERGENCY CONTACT INFORMATION - In case of emergency, I give permission for my child to receive medical treatment. <input type="checkbox"/> YES <input type="checkbox"/> NO

IN CASE OF EMERGENCY CONTACT	
Name:	Relationship to Youth:
Daytime Phone:	Evening Phone:
Cell Phone/ Pager:	Work Phone:

PRIMARY PHYSICIAN		
Name:	Address:	Phone Number:

CHECK YES OR NO

- YES** **NO** Is currently on medication (if you check yes, please list them) _____
- YES** **NO** Has allergies to medication(if you check yes, please list them) _____
- YES** **NO** Physical impairments that would prohibit him/her from participation _____
- YES** **NO** Allergic to certain foods (if you check yes, please list them) _____
- YES** **NO** Has Asthma
- YES** **NO** Other Health restrictions

CHECK LIST OF INFORMATION:

- Insurance Information Medical Release Emergency Contact Information
- Parent/guardian photo

TRANSPORTATION:

- YES** **NO** Parent/Guardian will pick up
- YES** **NO** Will walk home from the program

Who is authorized to pick up the student?

What is the child's estimated pick up time?

OTHER RELATIVES IN THE PROGRAM:

NAME:	RELATIONSHIP TO YOUTH

Important Information - Release of Liability

I/we the undersigned natural parent(s) or Legal Guardian(s) desire and consent to my/our child to attend and become officially enrolled in Better Family Life's Youth Performance Arts Academy. I will release and discharge Better Family Life and it's representatives, employees, and consultants from any and all claims, losses, demands, damages, causes of action, judgments, or suits of any kind which either I/We or my/our child may have arising out of or in connection with my/our child's participation and enrollment in Better Family Life's Youth Performance Arts Academy. I/We do hereby agree to have and indemnify and keep harmless Better Family Life, Inc. and it's representatives, employees, Board members, volunteers, and consultants, against any and all liability, claims, judgments, or demands for damages which either I/We or my child may have arising from or in conjunction with my/our child's participation and enrollment in Better Family Life's Youth Performance Arts Academy.

Parent Signature _____

Date _____