## Brookhaven Dance Academy "MARY POPPINS" SUMMER DANCE CAMP

performance

NAME	AGE	DATE OF BIRTH			
PARENT'S NAME	(HOME)	TELEPHONE	(WORK)	(CELL)	
MAILING ADDRESS			CITY	ZIP	
YEARS OF DANCE		Grade	Enterin	g	_
\$ 100.00		RECEIPT NO	· · · · · · · · · · · · · · · · · · ·		_
CHECK PAYABLE TO:	Brookhaven	Recreation	n Depar	tment	
Fee: \$100.00	Inst	ructor: L	aura Mo	Daniel	
JULY 11-14 (Monday-	Thursday) B	ring wate	r only/	small s	snack
5 - 9 year old	9:00	- 12:00			

What you need for class - socks or ballet or jazz shoes Wear fitted shorts and tank top, water/small snack

(Wear black tank top/black leggings)

On Thursday at 11:30 students will have a mini

## RELEASE BY PARENT OR GUARDIAN

I, AM THE NATURAL PARENT AND/C
PARENT
GUARDIAN OF THE MINOR CHILD WHOSE
BIRTHDAY IS child BIRTHDAY
BIRTHDAY
BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN AND
ITS DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO
PARTICIPATE IN THE FOLLOWING RECREATIONAL ACTIVITY, TO-WIT:
Dance
I DO HEREBY, ON BEHALF ON MY MINOR CHILD, RELEASE SAID CITY AND
DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY, (OR
ANY LIABILITY WHICH MAY RESULT THEREFROM) WHICH SAID CHILD MAY
EXPERIENCE OR SUFFER FROM WHILE PARTICIPATING IN OR ATTENDING A
RECREATIONAL ACTIVITY SPONSORED, OPERATED OR CREATED BY SAID
CITY AND DEPARTMENT.
I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SAID CITY AND
DEPARTMENT WILL PROVIDE NO HEALTH AND ACCIDENT INSURANCE FOR MY
CHILD TO COVER MY CHILD FROM BODILY INJURY HE/SHE MAY SUFFER
WHILE PARTICIPATING IN THE CITY AND DEPARTMENT RECREATIONAL
ACTIVITIES.
I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS
TERMS.
SIGNED
DATE