

# Waves of Glory Dance Camp

## Registration Form

**Due by June 26th**

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Parent's Names and Cell Numbers:

---

---

---

---

T-Shirt Size (Circle One):

Child S M L Adult S M L XL

Grade Just Finished (Circle One):

Pre-K K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

I release Whittington Church and the participating instruction staff from any and all liability for any accidents or injuries that may occur during my child's participating in the Whittington Church's Waves of Glory Camp and realize that any costs associated with such accidents or injuries will be my responsibility.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_