

# Iverbe Presents Esteem Dance Camp 2012



## 2012 Esteem Dance Camp Registration Form

Camper's Name \_\_\_\_\_

Gender:  Male  Female Date of Birth \_\_\_\_\_ Grade in Fall 2012 \_\_\_\_\_

School \_\_\_\_\_

Parents' Names \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City/Zip Code)

Parent's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Emergency Information

Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

### Cost of the Sessions:

- Session 1: July 2–6 (No camp on July 4th); \$200
- Session 2: July 9–13; \$250
- Session 3: July 16–20; \$250
- Session 4: July 23–27; \$250

*Please send in this registration form with your check to Iverbe Sports Camp*

### Waiver of Liability/Release of Claims – Please fill in camper's name and sign.

The undersigned warrants and represents that he/she is a parent or legal guardian of (hereinafter referred to as the "Camper") and that the undersigned possesses the authority to execute this Waiver of Liability/Release of Claims on behalf of the Camper. The Camper herein described has permission to engage in all camp activities as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-ray or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. I/We, the parent(s) of the above stated camper understand and acknowledge that there are inherent risks and dangers in the activities and programs offered by Iverbe Sports Camp. I/We hold Iverbe Sports Camp harmless of any accidents/injuries relating to the activities, programs, and transportation services rendered by the company. I/We release Iverbe Sports Camp of all legal responsibility and liability.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Drop off and pick up at The Willows Community School located at 8509 Higuera St., Culver City, 90232

9854 National Blvd., Box 287, Los Angeles, CA 90034 / 310 • 779 • 1952 / [www.iverbe.com](http://www.iverbe.com) / [marc@iverbe.com](mailto:marc@iverbe.com)