

COMPANY

<u>Camper Information</u>			Today's Date	e/	_/
First Name	Las	Last Name			
Street Address					
City		State	Zip _		
Cell	Age (if under 18)	Birthdate _	/	/	-
School	Grad	e			
ALL ANNOUNCEMENTS AN	D INFORMATION WILL BE DIS	STRIBUTED THE	ROUGH EMAI	L	
Email					
Secondary (Guardian's) Ema	ail				
Parent or Guardian Nan	ne(s)		R	elationship	
Address (if different)					
City	State	Zip			
Home Phone	Cell		_ Email		
Alternate Contact		Relationsh	ip	Phone	
or sustained by, or which may in f their events, either as spectators	laim or demand any cost or expense of future result to or by the above client. or as dancers Furthermore, I hereby a ivity including, but not limited to: stage	The same is or shal assume all the risks	l be about the pro of personal injur	emises where t y to the above-	he Callback Company holds
Client (if over 18) or Guardian				Date	_
child's) physician. I, the undersign	the hazards in these programs and acc led, also agree to indemnify, defend ar xpense, arising out of any or all relate	nd hold harmless Th	ne Callback Comp	any, its employ	vees and instructors from
Client (if over 18) or Guardian				Date	_
profit or to advertise its training p	give permission to The Callback Compa programs and methods. This permission ont's name in print, and may be used in iate for the program.	n is given in regard	to videotapes, D\	/D's, website, t	elevision footage and pho-
The Callback Company does not si	hare private contact information with	second parties.			
Client (if over 18) or Guardian				Date	_
Please list any food allergies					
Please list camper t-shirt size					