

Jiva Performing Arts Summer Camp 2010

Registration Form

Student Name: _____ Birthday: _____

Street: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____

Email: _____

Sex: _____ Age: _____

Emergency Contact: Name: _____ Phone #: _____

Physician's Name: _____ Physician's Phone: _____

Medications: _____

Any medical conditions: _____

Any dietary restrictions: _____

By Acknowledging and signing this form, the student, and or legal guardian recognizes the risks involved and agrees to the following terms and conditions required by Jiva in conjunction with participating in our summer program.

The undersigned student, and or guardian therefore, releases Jiva, its officers, employees, instructors and coaches from all liability for any and all damages and injuries suffered or sustained while on these premises, and under the instruction, supervision or control of Jiva or its employers.

The student, participant, or legal guardian thereof, hereby agrees to individually provide for the possible future medical expenses which may be incurred as a result of any injury sustained while participating in any class, during training or performing for JIVA.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

I hereby give my permission to trained medical professional to administer emergency medical treatment to my child should sickness or accident occur in my absence.

Parent's or Legal Guardian's Signature

Please complete this form along with your enclosed check and mail it to:

Jiva Performing Arts
345 E93rd St Apt.26B
New York, NY 10128