



**JCCS DANCE & CHEER KIDDIE CAMP**

June 4<sup>th</sup> – June 8<sup>th</sup> 9:00 AM – 12:00 PM

JCCS High School/Dance Team Room - Performance on June 8<sup>th</sup> at 11:00 am

Ages 2-12 \$75.00 per child w/t-shirt

Participant's Name: \_\_\_\_\_ Age \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Cell # \_\_\_\_\_ Size (Youth Small – Adult Large): \_\_\_\_\_

Medical Condition /Allergies/Limitations \_\_\_\_\_

Complete this form and mail or deliver it with your payment of \$75.00 to:

JCCS/Attention Debbie Brignac

10125 Jefferson Hwy

River Ridge, La. 70123

**MAKE CHECKS PAYABLE TO JCCS**

I hereby request you accept the enrollment of \_\_\_\_\_ in the JCCS Dance & Cheer Kiddie Camp on June 4– 8, 2018

. In consideration of this application, I hereby release JCCS and its employees from all claims on injuries which may be sustained by my child while attending JCCS Kiddie Camp. I agree to indemnify JCCS and its employees for any claim which may hereafter be presented by my child as a result of such injuries.

In the event that I am unavailable for purpose of providing parental consent, I authorize the staff, hospital, or emergency care center affiliated with JCCS to provide such hospital care that includes routine diagnostic procedures and medical treatment as necessary to my minor child. I understand that consent does not include major surgical procedures and is only valid during the dates of the camp as well as the game in which the campers will dance & cheer at.

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

\_\_\_\_\_  
Date

Referred By: \_\_\_\_\_