

## Payment & Pick-Up Authorization

Fill out this registration form and send the entire packet (including payment) by May 31, 2011 to:  
**Sugar and Bruno, 7260 Georgetown Road, Indianapolis, Indiana 46268**

### REGISTRATION INFO

**\$400 for all 3 days!**

Tuesday, July 19th – Thursday, July 21st, 2011

**FULL PAYMENT DUE: May 31, 2011 – Limited space available, Register now!**

#### Registration includes:

Entry to all classes in your age group, buffet lunch each day & 1 complimentary 3-day observer pass

\*Additional observer wrist bands available to parents – \$25 for all 3 days

\*Additional lunch available – \$50 for all 3 days

#### Make check or money order payable to:

Sugar and Bruno  
 7260 Georgetown Road  
 Indianapolis, IN 46268

Check #: \_\_\_\_\_

#### Pay by credit card:

MasterCard  VISA  American Express

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Total Amount Enclosed:** \_\_\_\_\_

#### Or Pay Online:

Visit [www.sugarandbruno.com](http://www.sugarandbruno.com) and click on the "S&B Summer Camp" link.

**SUGAR AND BRUNO DANCE CAMP PICK-UP AUTHORIZATION:** Please list in order of preference **all** persons who are authorized to pick up your child. For your child's safety, she/he will not be released to anyone else. No changes to this list will be made without a signed, written authorization. **Please include yourself.** Photo ID must be presented in order for camp to release an attendee.

Print Attendee's Name: \_\_\_\_\_

Registered for: July 19, July 20, July 21

Name	Relationship	Signature	Phone Number

**Do not release my child to:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

I am dropping off my attendee in the care of the staff of Sugar and Bruno/PDA Dance Camp

\_\_\_\_\_  
 Signature of the Parent or Legal Guardian

\_\_\_\_\_  
 Date

I am releasing my attendee from the care of the staff of Sugar and Bruno/PDA Dance Camp

\_\_\_\_\_  
 Signature of the Parent or Legal Guardian

\_\_\_\_\_  
 Date

### ATTENDEE INFO

Attendee's Name: \_\_\_\_\_

Gender: F M Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday during camp? Y N

**Junior**  
*Recommended:  
Age 8-11 or 0-2 Years Exp.*

**Teen**  
*Recommended:  
Age 12-15 or 3-5 Years Exp.*

**Senior**  
*Recommended:  
Age 16 & Older or 6+ Years Exp.*

Do you dance with a studio? Y N If so, please specify: \_\_\_\_\_

Attendees T-shirt size:

	YS	YM	YL	S	M	L	XL
GIRLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GUYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ACCOMODATION INFO

Sugar and Bruno's Summer Dance Camp will be held at the beautiful Renaissance Indianapolis North Hotel.

**Renaissance Indianapolis North Hotel**  
 11925 North Meridian Street  
 Carmel, Indiana 46032  
 Phone: (317) 816-0777

The Renaissance is offering an incredible reduced rate for all Sugar and Bruno camp guests. Be sure to mention that you are with the Sugar and Bruno Summer Dance Camp to received the special rate, or if you would like to book your room online, enter the code: **sbsbsa** in the "Group Code" field.

*All camp participants who stay at the Renaissance Hotel will gain free access to the special evening camp activities, including movie night, pizza party with the all-star faculty, dance party and other fun activities.*

Will you be staying at the Renaissance Hotel? Y N *(If yes, please fill in the information below. If no, continue to pg. 3)*

Name the room is booked under: \_\_\_\_\_

Number of rooms: \_\_\_\_\_ Confirmation Number: \_\_\_\_\_

Dates of your stay: FROM: July \_\_\_\_\_, 2011 TO: July \_\_\_\_\_, 2011

## Attendee Health History

### TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN

Attendee's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: F M Age: \_\_\_\_\_

**1. Parent/Guardian** \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Home # ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**2. Alternate Emergency Contact** (Name/Relationship) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Home # ( ) \_\_\_\_\_

Do you carry family medical/hospital insurance? Y N If so, please indicate the following:

Carrier: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

1. Please list any health issues/conditions that your child experiences \_\_\_\_\_

2. Please list current medication(s) your child is taking (Provide Instructions) \_\_\_\_\_

3. Please list any allergies your child experiences: \_\_\_\_\_

4. Operations or serious injuries (dates/explain): \_\_\_\_\_

5. Any specific activities to be encouraged or limited by physician's advice: \_\_\_\_\_

6. Name of Physician: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

7. Date of last physical examination (Mo/Yr): \_\_\_\_\_

8. Specific needs (health, physical, or educational) for Sugar & Bruno staff awareness: \_\_\_\_\_

I understand that a Sugar & Bruno staff member will be dispensing medication per the instructions of the parent and understand that medication will be distributed in accordance with the directions provided and that those directions may be conveyed to medical providers in case of an emergency.

**EMERGENCY AUTHORIZATION:** I authorize any representative of Sugar & Bruno/PDA to seek medical attention for my child when immediate medical care is warranted by the circumstances and I cannot be reached, or if under the circumstances there is no time to attempt to reach me because of the nature of the injury or illness. I further authorize the health care professional selected by Sugar & Bruno/PDA to provide the necessary care and treatment for my child.

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above.

Signature of the Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

*\*If for religious reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.*

## Participation Agreement & Waiver/Release Form

- 1. PARENT AUTHORIZATION:** I give permission for my child to participate in all camp activities. I understand that there are potential risks associated with any program requiring physical activity, including this one. I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Sugar and Bruno dance camp. I understand and agree that Sugar & Bruno does not assume any financial responsibility for medical expenses and/or compensation for any injury that my child may suffer during or resulting from participation in this program or any other activities at the Sugar & Bruno dance camp location. I agree that it is my responsibility to receive clearance from my child's physician before permitting my child to participate in this or any physical activity. I further understand that neither Sugar & Bruno/PDA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the camp information and understand the contents thereof. \_\_\_\_\_ (*initial*)
- 2. EMERGENCY AUTHORIZATION:** I authorize any representative of Sugar & Bruno/PDA to seek medical attention for my child when immediate medical care is warranted by the circumstances and I cannot be reached, or if under the circumstances there is no time to attempt to reach me because of the nature of the injury or illness. I further authorize the health care professional selected by Sugar & Bruno/PDA to provide the necessary care and treatment for my child. \_\_\_\_\_ (*initial*)
- 3. PHOTOGRAPH/VIDEO AUTHORIZATION:** Sugar & Bruno/PDA has my permission to use photographs/videos of my child in Sugar & Bruno/PDA promotional material. \_\_\_\_\_ (*initial*)
- 4. RELEASE AND WAIVER:** In consideration of my child's participation in the activities of Sugar & Bruno, I do hereby agree to hold free from any and all liability Sugar & Bruno/PDA and its respective officers, employees and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which hereinafter accrue to me arising out of or connected with my child's participation in any of the activities of the Sugar & Bruno dance camp. \_\_\_\_\_ (*initial*)
- 5. SIGNATURE:** I certify that I am the parent or legal guardian of this child and that I have authority to make the representations and grant the authorization contained herein. \_\_\_\_\_ (*initial*)

\_\_\_\_\_  
CHILD'S NAME (*Printed*)

\_\_\_\_\_  
PARENT'S NAME (*Printed*)

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
RELATIONSHIP TO CHILD

\_\_\_\_\_  
DATE