

**SALZBURG SUMMERCAMP 2009****NAME:****ADDRESS:****CONTACT TEL NO:****DATE OF BIRTH:****EMERGENCY CONTACT (NAME & NO.):****EMAIL:****DANCING SCHOOL (IF APPLICABLE):**

<b>LEVEL:</b>	<b>BEGINNER</b>	
	<b>PRIMARY</b>	
	<b>INTERMEDIATE</b>	
	<b>OPEN</b>	
	<b>NON-COMPETITIVE</b>	

**CURRENT INJURIES:****SPECIAL REQUIREMENTS:**

<b>BUS TRANSFER FROM SALZBURG HBF :</b>	
<b>DEP: 2.8.09 at 17h</b>	<b>RET: 8.8.09 at 10.30h</b>
<b>YES</b>	
<b>NO</b>	

We, the staff at Salzburg Summercamp, recognize our obligation to make sure our students and their parents are aware of the risks and hazards involved in any form of physical activity like dance. By signing this waiver, you release Salzburg Summercamp and all its teachers from all claims on account of any injury which may be sustained while attending Salzburg Summercamp. In signing this waiver, you acknowledge that the above enrolled dancers knowingly and voluntarily assume the risk of injury and agree that Salzburg Summercamp and its instructors are not liable for personal injuries that a student may suffer during the camp.

---

 PARENT/GUARDIAN SIGNATURE DATE