



**Sharkies Dance Camp 2009
Registration Form
(Deadline is June 1, 2009)**

Camper Name: _____

Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Mailing Address: _____

Phone No. _____ (H); _____ (Emergency #); _____ (Cell #)

E-Mail Address: _____

List Any Allergies:

T-Shirt Size: Youth Small _____ Youth Medium _____ Youth Large _____

Waiver: I hereby release and discharge Belin Memorial United Methodist Church from any and all liability or medical expense which may occur as a result of my child's participation in the Summer Dance Camp. I understand that Belin Memorial United Methodist Church does not provide medical insurance for participants in this activity. I further give permission for medical attention to be obtained for my child as necessary.

Date

Signature of Parent/Guardian

Camp Dates: June 29 – July 3, 2009

Time: 9:00 a.m. – 12:00 Noon

Cost: \$50.00 per child

Please remit registration form with camp fee to:

Belin Memorial UMC – Dance Camp

P.O. Box 528

Murrells Inlet, S.C. 29576

**Due to limited space, camp fees MUST accompany your registration
to secure placement in camp.**

Registration Deadline is June 1, 2009