

# Rock Chalk Dance Clinic Registration Form

Please Print Clearly

Location and final details will be sent out one week prior to clinic via e-mail

## REQUIREMENTS - HIGH SCHOOL AGE

Please check your clinic that you will be attending.

Mar 14, 2010

Mar 28, 2010

Apr 18, 2010

Name of Participant: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address:

Grade Level: \_\_\_\_\_

Participant Fee: (\$30.00) Per participant \_\_\_\_\_

Mail to:

KAI RCD Dance Clinic  
1651 Naismith Drive  
223 Allen Fieldhouse  
Lawrence, Kansas 66045

RELEASE AND WAIVER OF LIABILITY

As the parent or legal guardian of \_\_\_\_\_ (camper name),

I give my consent for him/her to participate in the camp programs conducted and/or sponsored by the University of Rock Chalk Dance Clinic. I understand that participation in SPORT, and related activities involves certain risks, and may result in unavoidable injuries. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child's participating in the camp. I further acknowledge that I agree to provide health insurance for my minor child and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the camp and while traveling to and from the site for the camp.

I further acknowledge and authorize the employees or agents of the University of Rock Chalk Dance Clinic, Kansas Athletics, the University of Kansas, the State of Kansas and its Board of Regents to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am contacted to make decisions concerning my child's treatment. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, this treatment may proceed without prior notification of the undersigned, although every attempt will be made to notify me in the event of such an injury or illness. I agree that any medical information provided to this camp shall be released to other health care providers who may be providing care.

Knowing these facts and in consideration of my child's participation in the camp program, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the University of Kansas, Kansas Athletics, the State of Kansas and its Board of Regents, the coaches and support staff of the Kansas Spirit Squad program, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the camp, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the camp, all activities associated with the camp, and while traveling to and from the site for the camp.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
date

Parent/Guardian Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**INSURANCE INFORMATION**

(parent/guardian please fill out)

SUBSCRIBER: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_  
SUBSCRIBER'S DATE OF BIRTH \_\_\_\_\_ SUBSCRIBER'S EMPLOYER: \_\_\_\_\_  
NAME OF INSURANCE COMPANY: \_\_\_\_\_  
CLAIMS MAILING ADDRESS: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date