

Activity: American Girls Friendship Club Camp

Activity Session & Date(s): \_\_\_\_\_

Child's Name (First & Last): \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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

Parent's Name(s): \_\_\_\_\_

It is important that we are able to reach you in case of an emergency.

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

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

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

Emergency Contact (in case you can't be reached; list name and phone number(s)):

\_\_\_\_\_

Food & Drug Allergies: \_\_\_\_\_

Who is allowed to pick up your child? \_\_\_\_\_

\_\_\_\_\_

Anything else we should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I (signed below) give my permission for my child (listed above) to participate in the activity listed above. I release *A Dash of Panache* and all of its associates from liability of any kind, other than gross negligence. I assume all responsibility for my child's actions including damages to property. I understand that any photos taken during the event are the property of *A Dash of Panache* and can be used for marketing purposes as desired.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's PRINTED Name

\_\_\_\_\_  
Date

OFFICE USE ONLY:

\$ \_\_\_\_\_ Deposit Paid on \_\_\_/\_\_\_/\_\_\_

\$ \_\_\_\_\_ Balance Paid on \_\_\_/\_\_\_/\_\_\_

Notes:

