



**Damascus, Olney,
& Wheaton
Studio of Dance**

APPLICATION FORM

CAMPER INFORMATION

Camper Full Name:

Date Of Birth: _____ / _____ / _____ Gender: _____

Home Address: _____

Phone Number: _____

T-Shirt Size: YM YL AS AM AL AXL

Years of Instruction: Ballet Jazz Hip Hop Other Beginner

Roommate Requests: _____

Allergies: _____

EMERGENCY CONTACT DETAILS (PARENT/GUARDIAN)

Contact Name: _____ Phone Number: _____

Relationship: _____ Email: _____

AGREEMENT

I understand that I, as a parent/guardian will be contacted in the event of a medical emergency and the Director of the Damascus, Olney, & Wheaton Studio of Dance Camp or an appointed representative will sign for medical treatment ONLY if I cannot be reached. I hereby authorize medical care under these circumstances. I agree I am responsible for all costs associated with injury or loss sustained by my child as a result of their participation at the camp. I release any liability from the Damascus, Olney, & Wheaton Studio of Dance camp and it's staff.

Parent/Guardian Name & Date: _____

Parent/Guardian Signature & Date: _____



APPLICATION FORM

WAIVER OF LIABILITY

Damascus, Olney, & Wheaton Studio of Dance (Company) nor any of the Company's officers, agents, or employees are responsible for the loss or damage to users' personal property by fire, theft, vandalism, or other hazard without regard to whether it is alleged or true that the loss is due to Company's neglect of any duty or wilful or intentional action. Further, participant agrees to indemnify, defend, and hold harmless the Company and its officers, agents, and employees from all liability and/or contractual claims in relation to any personal injuries to any person whatsoever, or any losses or expenses due to such personal injury or due to instances of damage to personal property, arising from or related to the use of the facilities provided in this agreement or attendant to or related to such use. The participants' hold harmless obligation under this agreement includes an obligation to define, indemnify, and hold harmless the Company from all such liability regardless of whether it is alleged or true that the liability due to neglect of duty by the Company even if it is alleged or true that it is due to the intentional or wilful or reckless actions of any person, including the officers, agents, and employees of the Company.

I, individually and on behalf of my child, waive the rights to any legal action against the Damascus, Olney & Wheaton Studio of Dance, its instructors, independent contractors, and all other associates from liability for harm, theft, or injury that may be suffered by me and/or members of my family traveling to or from or during participation in activities and programs sponsored by this organization. I hereby acknowledge that I am voluntarily assuming full responsibility for all risks of physical injury arising out of active participation in a dance class or other dance-related activities. I acknowledge the contagious nature of COVID-19 and other contagious diseases and viruses and voluntarily assume the risk that I and/or my children may be exposed to or infected by COVID-19 by attending and participating and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 and other contagious diseases and viruses may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, independent contractors, volunteers, and program participants and their families. I release the Damascus, Olney & Wheaton Studio of Dance, its instructors, independent contractors and all associates from liability for harm, injury or death pertaining to COVID-19 and other contagious diseases and viruses. I understand that my student must have this release form signed before attending camp.

In addition, I hereby give permission for my child (participant) to swim in the pool at Mount St. Mary's University for the Damascus, Olney, & Wheaton Studio of Dance Camp the week of July 20-26, 2025.

Parent/Guardian Signature & Date: _____

Camper Printed Name: _____



APPLICATION FORM

PHOTO RELEASE

I grant the Wheaton, Olney & Damascus Studio of Dance and its staff full permission to use photographs and video footage of myself or my child exclusively for promotional purposes related to the studio. These images and videos may be used in brochures, websites, social media posts, advertisements, and other promotional materials produced by the studio. The photographs may also be included in press releases and other printed advertisements, with or without accompanying names.

Parent/Guardian Signature & Date: _____

Camper Printed Name: _____



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Physical Examination Form

TO BE COMPLETED BY PHYSICIAN, PHYSICIAN ASSISTANT or NURSE PRACTITIONER

NAME: _____ D.O.B.: ___/___/___ Grade: _____ Sport(s): _____

1. Does the child have a *diagnosed* medical condition? YES/NO

IF YES (e.g., seizure, asthma, diabetes, heart problem, etc...) Please specify: _____

2. Does the child have any *allergies*? YES/NO

If YES please list: _____

**** IF YES to EITHER of the 2 questions above, does the condition require EMERGENCY ACTION while at camp or athletic activities? Please describe necessary action (Epipen, Inhaler, Rescue meds).**

3. Is the child on regular medication? YES/NO

IF YES - Name of Medication(s) - _____

4. Has the child been tested for *SICKLE CELL*? YES NO UNKNOWN; IF YES please circle the results: POS, NEG, POSITIVE TRAIT

HEIGHT _____ WEIGHT: _____ BP: _____ HEART RATE: _____

GENERAL MEDICAL	WNL	Abnormal
General Appearance		
Skin		
E N T		
Dental		
Lymph Nodes		
Chest		
Heart/Cardiac		
Lungs		
Abdomen		
Hernias		
Endocrine		
Other		

MUSCULOSKELETAL	WNL	Abnormal
Spine (Neck/Back)		
Shoulders		
Arms / Elbow		
Elbows		
Hands/Wrists		
Hips		
Legs		
Knees		
Ankles		
Feet		
Neurological/Sensory		
Other		

HEALTH AREA CONCERN	WNL	Abnormal
ADD / ADHD		
Behavior/Adjustment		
Psychosocial		
Development		
Hearing		
Immunodeficiency		
Lead Exposure/Elevated Lead		
Learning Disabilities/Problems		
Nutrition		
GI / GU		
Speech/Language		
Other		

Note: should the above named individual have any restrictions, a letter from the individual's physician must accompany this form explaining all medical conditions as well as indicated restrictions and level of participation.

CLEARED

NOT CLEARED

REASON/REMARKS: _____

By signing below, I certify that I have on this date examined this student and that based on the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it inadvisable for this student to participate in supervised physical and athletic activities.

PHYSICIAN(MD/DO), PA, NP Printed Name PHYSICIAN(MD/DO), PA, NP Signature DATE

Address Street (REQUIRED) City State Zip

Telephone Number (REQUIRED): _____