

Bailey Mountain Cloggers
Summer Camp
Health Information Sheet

Name _____ Age _____ Birthday _____

Any Allergies _____

Any Medications _____

Any Health Concerns/Problems _____

Other: _____

I understand as a parent or guardian, or student over the age of 18, that the Bailey Mountain Cloggers are not responsible for any accidents or injuries that may occur while the student is dancing or performing. If any injuries shall occur the camp instructors will call the provided contact immediately.

Signature _____ Date _____