

Registration and Medical Release Form

Package Information

Please check one of the following:

- | | |
|---|---|
| <input type="checkbox"/> <u>Package A – 2 Nights</u> | <input type="checkbox"/> <u>Package B – 3 Nights</u> |
| <input type="checkbox"/> Early Bird Special
Before March 1 - \$200 | <input type="checkbox"/> Early Bird Special
Before March 1 - \$250 |
| <input type="checkbox"/> Regular Price
After March 1 - \$225 | <input type="checkbox"/> Regular Price
After March 1 - \$275 |

Note: Both packages include meals beginning with lunch on Thursday thru breakfast on Saturday.

Personal Information

Name _____ M/F

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Parent/Guardian _____

In Case of Emergency Notify _____

Address _____ Phone _____

City _____ State _____ Zip _____

T shirt Size _____ Dance Pant Size _____

School Information

School _____ Director _____

Director E-mail _____

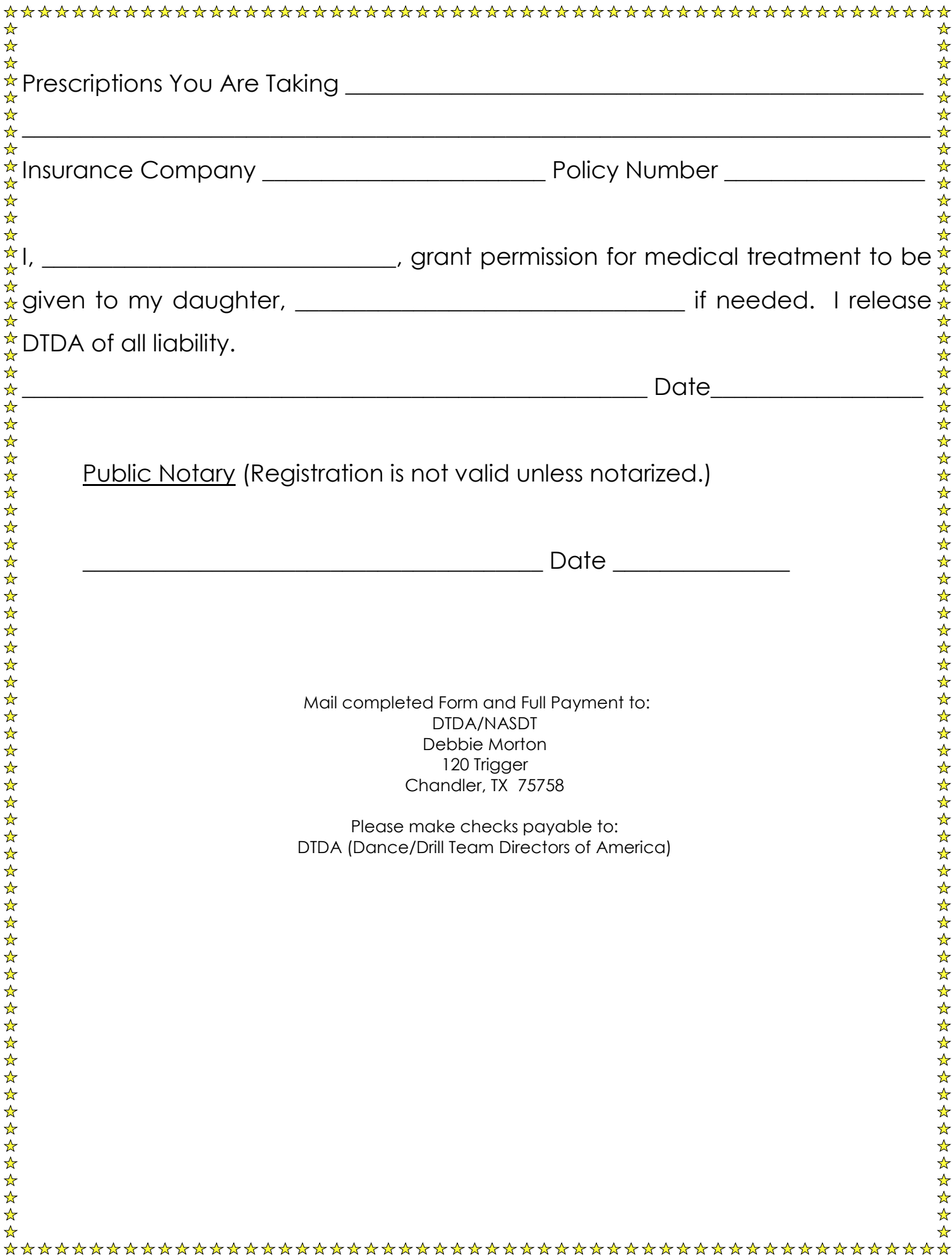
School Phone _____ Name of Team _____

Roommate Preference _____

Medical Information

Physician _____ Phone _____

Allergies and Pertinent Medical History _____



Prescriptions You Are Taking _____

Insurance Company _____ Policy Number _____

I, _____, grant permission for medical treatment to be given to my daughter, _____ if needed. I release DTDA of all liability.

_____ Date _____

Public Notary (Registration is not valid unless notarized.)

_____ Date _____

Mail completed Form and Full Payment to:
DTDA/NASDT
Debbie Morton
120 Trigger
Chandler, TX 75758

Please make checks payable to:
DTDA (Dance/Drill Team Directors of America)