



ROYAL GRACE
ACADEMY OF DANCE

Medical Form for 2021 Summer Camp

Name of Camper: _____

Sex: _____

Camper Birthdate: _____

Camper Home Address: Street: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: (_____) _____

Do you feel that the Camper will require limitations or restrictions to activity while at camp?

No Yes and please describe: _____

Food Allergies: _____

In case of emergency only:

Childs Doctor Name and Telephone Number:

Drug Allergies: _____

I authorize my child to attend camp at Royal Grace Academy of Dance.

Parent/Guardian Name

Date

**Royal Grace Academy of Dance
143 Chatham Downs Drive Suite 304
Chapel Hill, NC 27517
919-338-1488**