

The Butterfly Effect Trauma Response & Treatment Foundation
Dance & Theater Camp Registration Form

What is your child interested in: ___ **Dance** ___ **Theater** ___ **Both**

Participant Information

Participant Name: _____

Date of Birth: _____ Age: _____

Gender: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Participant: _____

Phone Number: _____

Email Address: _____

Emergency Contact (If different)

Name: _____

Phone Number: _____

Relationship: _____

Medical & Safety Information

Does your child have any medical conditions? Yes No

If yes please explain: _____

Allergies (food, medication, environmental): _____

Is your child currently taking medication? Yes No

If yes, please list: _____

Behavioral & Emotional Considerations (To help us best support your child)

Has your child experienced any of the following? (Check all that apply)

Anxiety Depression Trauma exposure Behavioral challenges Difficulty with peer relationships Other: _____ None

Consent & Agreement

I, the undersigned parent or legal guardian, hereby grant permission for my child to participate in the **Dance & Theater Camp: The Healing Arts Summer Experience** hosted by The Butterfly Effect Trauma Response & Treatment Foundation (BFE Foundation). I acknowledge that participation in this program involves physical activity, including dance, and group-based engagement, including theater, which may carry inherent risks of injury or emotional discomfort.

I understand that while BFE Foundation will take reasonable precautions to ensure the safety and well-being of all participants, accidents or unforeseen incidents may occur. By signing below, I voluntarily assume all risks associated with my child's participation and agree to release, waive, and hold harmless BFE Foundation, its staff, volunteers, and affiliates from any and all claims, liabilities, damages, or expenses arising from participation in the program, except in cases of gross negligence or willful misconduct.

I affirm that my child is physically and emotionally able to participate in program activities and that I will inform BFE Foundation of any relevant medical, behavioral, or psychological conditions that may impact their participation.

Parent/Guardian Signature: _____

Date: _____

Media Release

I give permission for photos/videos to be taken and used for program promotion

I do NOT give permission

Signature: _____