

## DANCE CREATIONS 2017 Summer Dance Registration Form

Students Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Primary Email: \_\_\_\_\_ Primary Phone No: \_\_\_\_\_

**New Families please fill out/Returning families please fill out if there are any changes from last season**

Full Mailing Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Medical Information/Allergies (Describe): \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

If parents cannot be reached please contact: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_ Referral Name: \_\_\_\_\_

### Summer Classes Enrolled In (9 week session or Drop in):

Day	Class description	Instructor

### Summer Camp

Weeks Available	Full Day 10am-4pm \$200.00 (plus HST)	Before/After 8am – 6pm \$60.00 (plus HST)
July 10-14, 2017 age 5-8 years		
July 17-21, 2017 age 7+ years		
July 24-28, 2017 age 5-8 years		

### Payment Details:

	Deposit Received & Date/Method	Balance Owing & Date/Method
9 Week Dance Session		
Camp Week(s)		

I \_\_\_\_\_ have received and agree to read all the information in the Dance Creations Recreational Handbook, and give my daughter/son/self permission to participate in Dance Creations summer program. I acknowledge that there is a risk of injury in dance, and hereby release Natalie Di Michele and Dance Creations, all teachers, assistants, and other persons associated with Dance Creations from all liable actions that may occur from any activity or travels that Dance Creations is involved with for the 2017 summer dance season.

I \_\_\_\_\_ give Dance Creations permission to use photos, and videos of my daughter/son/self for promotional ads, websites, and brochures.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_