



**DSDS SUMMER DANCE CAMP**  
 July 10<sup>th</sup>-14<sup>th</sup>  July 17<sup>th</sup>-21<sup>st</sup>  July 24<sup>th</sup>-28<sup>th</sup>,  
 July 31<sup>st</sup>-August 4<sup>th</sup>  August 14<sup>th</sup> - 18<sup>th</sup>, 2017  
Ages 3-12yrs

**REGISTRATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cel: \_\_\_\_\_

Parent email: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Person's Authorized to pick up child: \_\_\_\_\_

Other Dismissal Arrangements \_\_\_\_\_

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any allergies or special instructions: \_\_\_\_\_

Is your child taking any medication? No Yes If so, please specify: \_\_\_\_\_

Payments: Tuition can be paid by cash, cheque, debit or credit card

**Camp Fees:**

- Full Day \$235.00  PD \_\_\_\_\_
- Half Day \$129.00  PD \_\_\_\_\_

**FULL DAY - DROP OFF AND PICK UP TIMES**

**Drop off time:**

- 9:00am – Regular drop off
- 8:30am-9:00am – Early drop off (Free)  yes \_\_\_\_\_ (approx. drop off time)

**Pick up time:**

- 4:00pm Regular pick up time
- 4:00pm-4:30pm – Early drop off (Free)  yes \_\_\_\_\_ (approx. pick up time)

**HALF DAY – DROP OFF AND PICK UP TIMES – Please specify Morning Camp or Afternoon Camp**

**Drop off time:**

- Morning Camp 9:00am-12:00pm or  Afternoon camp 1:00-4:00pm
- Early drop off (Free) 8:30am-9:00am \_\_\_\_\_ (approx. drop off time)

**Pick up times**

- Morning Camp 12:00pm      or       Afternoon Camp 4:00pm  
 Late pick up (Free) 4:00pm-4:30pm \_\_\_\_\_ (approx. pick up time)

**What to wear and bring:**

Comfortable clothing, indoor running shoes, dance shoes and dance clothes (if you have some)

Snacks and water, sunscreen and hat for outdoor activities.

Lunch if staying all day

- No dance experience
- Previous dance/acro experience, list styles \_\_\_\_\_

**REQUIRES PARENT'S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

I hereby give permission to DENISE SMITH DANCE STUDIO to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

**PARENT STATEMENT**

I hereby state that (camper's name) \_\_\_\_\_ is in good physical health condition to participate in the activities provided by DENISE SMITH DANCE STUDIO including but not limited to all aspects of tumbling and dance training, and all outside sports. I am fully aware that any activity involving motion or athletic activity creates the possibility of injury. I hereby release DENISE SMITH DANCE STUDIO, its employee and its staff from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of DENISE SMITH DANCE STUDIO including any event sponsored or sanctioned by DENISE SMITH DANCE STUDIO and or travel to and from such activities.

No refunds will be given. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

