



DSDS SUMMER DANCE CAMP

July 9th-13th July 30th-August 3rd

August 13th-17th 2018

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 \$239.00 (includes Hst) PD _____
- Half Day \$130.00 (includes Hst) 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 or Afternoon camp 1:00pm
- 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

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 _____

