



Groove Summer Camp 2017 Registration Form

Information: Name: _____ Age: ____ Grade: ____

D.O.B. ___/___/____(M/D/Y) OHIP#: _____

Address: _____ City: _____ Postal Code: _____

Phone: (____) _____ - _____ Cell: (____) _____ - _____

Emergency Phone: (____) _____ - _____

E-mail: _____

(For newsletters and informational purposes only. Your email will not be shared with other companies)

Friend Requests: _____

Session and Payment Information: (please circle session and payment selection)

Summer Camp Prices (taxes incl.):

\$225 Full Week (9am-12pm) OR \$50 Half day (9am-12pm)

Week One: Mon. July 10th Tues. July 11th Wed. July 12th Thurs. July 13th Fri. July 14th

Week Two: Mon. July 17th Tues. July 18th Wed. July 19th Thurs. July 20th Fri. July 21st

Week Three: Mon. July 24th Tues. July 25th Wed. July 26th Thurs. July 27th Fri. July 28th

Week Four: Mon. Aug 21st Tues. Aug 22nd Wed. Aug 23rd Thurs. Aug 24th Fri. Aug 25th

Week Five: Mon. Aug. 28th Tues. Aug. 29th Wed. Aug 30th Thurs. Aug 31st Fri. Sep 1st

] Half Day

Mail payment to: 133 Glenwood Crescent, Toronto, Ontario, M4B 1J8

Parent or Guardian Authorization: I give my approval to my child's participation in "Groove" School of Dance activities and excuse "Groove" School of Dance and its proprietors from all claims and damages that may arise as a result of accidents or losses. I authorize that the directors act for me according to their best judgment in any emergency requiring medical attention. In signing this application, I hereby acknowledge that I have read and understood the conditions and certify that the applicant is in good physical and mental health. I authorize Groove to use pictures for advertising purposes only. Yes ___ No ___

Parent or Guardian Name: _____ **Signature:** _____

Special Concerns/Allergies: _____

Staff Use Only – Payment Confirmation					
Amount: \$	_____	chq#:	_____	\$	_____
_____	_____	_____	_____	_____	_____
Total Amount Received: (Y/N) Initials: _____ Date: _____					