



Groove P.A Day/Holiday Camp 2017-18 Registration Form

Name: _____ Age: _____ Grade: _____

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

Address: _____ City: _____ Postal Code: _____

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

Emergency Phone: (____) _____ - _____ Contact Name: _____

E-mail: _____

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

Session and Payment Information: (please circle dates)

P.A. Day/Holiday Camp Prices (taxes incl.): \$50.00/Day (9:00am-Noon)

- Sep. 21st Sep. 22nd Oct. 5th Oct. 6th Oct. 12th Oct. 13th Nov. 7th Dec. 1st
 Dec. 27th Dec. 28th Dec. 29th Jan. 2nd Jan 3rd Jan 4th Jan. 5th

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: _____

CREDIT CARD INFO	
Name on Card:	_____
Card Number:	_____ Exp: ____/____ CVV: _____

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