



**P.A. Day Camp Registration**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ OHIP #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Emergency Contact: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Session & Payment Info (please check dates & choose time preference below):**

Half Day: 9:00am-Noon (\$50.00 - HST incl.)

Friday, January 19th

**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/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Special Concerns/Allergies: \_\_\_\_\_

**Credit Card Info**

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

**STAFF USE ONLY**

Amount: \$\_\_\_\_\_ CHQ #: \_\_\_\_\_ Total Amount Received: Y/N Initial: \_\_\_\_\_