



Summer Camp 2018 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)

\$50.00/Half Day (9:00am-Noon)

WEEK ONE: July 16th July 17th July 18th July 19th July 20th

WEEK TWO: July 23rd July 24th July 25th July 26th July 27th

WEEK THREE: Aug. 20th Aug 21st Aug 22nd Aug 23rd Aug 24th

WEEK FOUR: Aug. 27th Aug 28th Aug 29th Aug 30th Aug 31st

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: _____