

EVOLUTION DANCE & FITNESS STUDIO INC.
2014 March Break & Summer Dance Camp Registration Form

Parents Name - _____ Family Identification # _____

Address - _____ City - _____

Postal Code - _____ E-Mail Address - _____

Home Phone - _____ Cellular - _____

Children: Full Name - _____ Age - _____

Birth Date - _____ Health Card # - _____

Full Name - _____ Age - _____

Birth Date - _____ Health Card # - _____

Medical Information: Please describe any allergies, injuries, and/or medical conditions

Emergency Contact Name - _____ Phone - _____

Weeks Attending _____

Full Day/Weekly Rate - \$250.00 ½ Day Weekly Rate - \$150.00 Day Rate - \$60.00

Amount	\$ _____	
Minus Discount	\$ _____	*Only Applies to Full Day/Week**
Acro Intensive	\$ _____	**No Discounts Apply**
Sub-Total	\$ _____	
13% HST	\$ _____	
Total Amount	\$ _____	

___ Visa ___ Master Card ___ Debit Cheque # _____

I acknowledge that there is a risk of injury involved in dance classes. I accept the risk and release Evolution Dance & Fitness Studio Inc. from all liability. I allow Evolution Dance & Fitness Studio Inc. to use photos/images of myself and/or my children for promotional use at any time. I hereby give permission and authorize Evolution Dance & Fitness Studio Inc. to debit my Credit Card as indicated above for the amount shown.

_____ Date

_____ Parent/Guardian Signature

****Please note – There are no discounts allowed for the Acro Intensive Weeks****