

EVOLUTION DANCE & FITNESS STUDIO INC.
2016 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 _____

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

Amount \$ _____

Acro Intensive** \$ 300.00 **No Discounts Apply**

Minus Discount \$ _____ *Only Applies to Full Day/Week**

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 acknowledge that any fees will not be returned upon withdrawal. 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****