

DANCE CAMP REGISTRATION FORM



EVOLUTION
DANCE STUDIO

Family Identification #:

PARENTS INFORMATION

Parents Name:

City:

Address:

Postal Code:

Email Address:

Phone:

CHILD 1 NAME:

Age:

Birth Date:

Health Card:

CHILD 2 NAME:

Age:

Birth Date:

Health Card:

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

Emergency Contact Name:

Phone:

CAMP INFORMATION

Days / Weeks Attending:

Day Rate - \$75.00

½ Day Weekly Rate - \$170.00

Full Day Weekly Rate - \$325.00

Full Day Intensive Rate - \$375.00

Amount:

Sub-Total:

13 % HST:

No Discounts Apply for Intensive Weeks, ½ Day Weeks, or Day Rates

Minus Discount

Total Amount:

Debit

Visa

Mastercard

Cheque Number #

I acknowledge that there is a risk of injury involved in dance classes. I accept the risk and release Evolution Dance Studio from all liability. I acknowledge that any fees will not be returned upon withdrawal. I allow Evolution Dance Studio to use photos/images of myself and/or my children for promotional use at any time. I hereby give permission and authorize Evolution Dance Studio to debit my Credit Card as indicated above for the amount shown.

DATE

PARENT/GUARDIAN SIGNATURE

