

# 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 - \$65.00       ½ Day Weekly Rate - \$160.00       Full Day/Weekly Rate - \$275.00

Amount: \_\_\_\_\_

Sub-Total: \_\_\_\_\_

Acro Intensive / Boot Camp (No Discounts Apply) \$ 325.00

13% HST: \_\_\_\_\_

Minus Discount (Only Applies to Full Day/Week) \_\_\_\_\_

**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 \_\_\_\_\_