



The Centre for DANCE
(905) 770-0717

Summer Camp 2018

Please complete one per student. Fees must accompany this form to complete registration

Camper's Name:

Birth date and birth year:

Address:

City:

Postal Code:

for news and up to date info **E mail:**

Telephone #:

Cell Phone #:

Business Phone #:

Which Session(s) are you signing up for?

Session 1: July 9-13 (Ages 9-12yrs; 9am -4 pm; extended care available 8:30am-6pm \$50) \$250. + HST single wk

Session 2: July 15-20 (Ages 9-12yrs; 9am -4 pm; extended care available 8am-6pm \$50) \$250. + HST single wk

Sign up for both weeks: only \$450. plus HST and extended care 8am-6pm \$70 covers both weeks

Siblings signing up for both weeks together get 10 % off the the second sibling's fees and pay zero for extended care.

(Non transferable/non redeemable for cash or services)

Session 3: July 23-27 half day mornings 9 am-12:30 pm, no extended care \$150 plus HST

Camper is : (please circle one) **Primary 4-6yrs or Junior 6-9 yrs)**

Session 4: July 23-27 half day afternoons 1 pm-4 pm, no extended care \$150 plus HST

Camper is : (please circle one) **Elementary 8-11yrs or Intermediate 12-15 yrs)**

Session 5: August 6-10 half day mornings , no extended care \$150 plus HST

This session emphasis on non- ballet dance techniques/styles

Camper is : (please circle one) **Junior 6-9 yrs or Elementary 8-11yrs or Intermediate 12-15 yrs**

Previous dance or related experience:

Certificates held, if any:

Any health conditions, or allergies:

Person(s) to contact in case of emergency:

List Persons authorized to pick up your child other than yourself:

Waiver

Dance is a physical, technical and artistic training requiring adequate health and focus of the student at each class. As with any physical activity, there is a risk of injury. Any question concerning the health of your dance student should be brought to the attention of an appropriate physician for assessment and care.

I _____ hereby declare that I will not hold Claire Pigott, nor her agents, nor any of her staff nor representatives, nor the Richmond Hill United Church liable for loss or injury to my person or property, or to those persons related and or known to me, however caused.

I also authorize camp staff to take all reasonable steps to respond to a medical or other emergency, including immediate first aid and obtaining professional medical assistance.

Signature..... **Date**.....

NOTE: This is a nut free camp. Please ensure any residue of nut products eaten at home are well washed off your camper before arriving at the studio. Persons with allergies please note: Though we try to provide the safest environment possible, the facility is shared with other organizations. We cannot guarantee their activities and persons are nut free.

I have read and accept school policies regarding attendance and punctuality, payments and refunds, and I understand the expectations for student and parent/caregiver conduct in the studio and the recommendations for student success.

Student & Parent Signatures..... **Date**.....

Your Fees:

Amount remitted: _____ by cheque, Payable to Bravo! The Centre for Dance