

DANCE SPORT TRAINING CAMP 2018

Registration Form

DNA: 905.597.3362 email: info@dancedna.ca www.DanceDNA.ca

First name:	Last name:	DOB:d/m/y
Home Phone:	Cell:	Bus(opt):
E-mail:	Parent's first name:	
Health card#	Allergies	
Are you Dance DNA member?	Yes	No
Any other relevant information you feel should know		

Please sign below: I acknowledge that there is a risk of injury involved in dance and fitness classes. I accept the risk and release Dance DNA Academy from all liability. I acknowledge that camp tuition is non-refundable. I allow Dance DNA Academy to use photos/images of my children for promotional use at any time. I agree to allow my children to participate in all camp activities. I give Dance DNA Staff and Management the authority to act on my behalf in case of an emergency. Date: _____ Parent/Guardian Signature: _____

PERMISSION (please check and initial in the spaces provided to agree)

I give my child permission to participate in supervised outdoor activities.

Wk#	Camps Dates	Mark the days you will attend	Ext hrs Y/N	Fees
1	August 27-31			
2				
3				
4				
5				
6				
7				
8				
Total				

CAMP FEES

Full Day: 9am-5pm
\$350 for 5 days (HST is extra)

Daily Rate: \$80 per day (HST extra)

Extended hours: 30 min extra \$10 per person per day

Discount for siblings 5%

Snacks Provided

Full payment is due at the registration. No post dated cheques. Cheque or cash only. No refund once session is started.

Only one discount per family
Make all cheques payable to Dance DNA

To Register:
Email or drop off your filled registration form at Dance DNA Academy at 219 Connie Cres, Unit #5, Concord, ON L4K1L4
We will register your child once full payment has been received.

PLEASE COMPLETE THE CAMPER PICK-UP AUTHORIZATION FORM.



Camper Pick-Up Authorization Form

Complete the following list of people who are will be picking up your child from Dance DNA.
Valid ID may be requested.

1. Name: _____ Relationship to camper: _____
_____ Contact Phone #: _____
2. 2. Name: _____ Relationship to camper: _____
_____ Contact Phone #: _____
3. 3. Name: _____ Relationship to camper: _____
_____ Contact Phone #: _____
4. 4. Name: _____ Relationship to camper: _____
_____ Contact Phone #: _____
5. 5. Name: _____ Relationship to camper: _____
_____ Contact Phone #: _____

Check mark and initial here if this applies to you:

I give my child the permission to sign out at the end of the day and leave UNSUPERVISED. _____

Please sign below: I authorize the above people to pick up my child from Dance DNA every day. I understand and I acknowledge that it is my responsibility to inform these people that they need to sign out my child with a counselor at 5pm daily. If any information changes, I assume the responsibility to notify Dance DNA of the correct information.

_____ (Signature) (Date)