



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ OHIP#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Guardian E-Mail: \_\_\_\_\_

**Please Select The Days Your Child Will Attend - NOTE: Camp is AM only (9a-12:00p) \$50.00 + HST, \* 9:00 am - 2:00 pm option available for Aug 29-Sept 1 \*\$80/day + HST**

- Aug 8       Aug 10       Aug 12
- Aug 15       Aug 16       Aug 17       Aug 19
- Aug 22       Aug 23       Aug 24       Aug 25       Aug 26
- Aug 29       Aug 30       Aug 31       Sept 1

Authorization: I give my approval for my child to participate in "Groove" School of Dance activities and excuse "Groove" School of Dance and its proprietors from all claims and damages hat my arise as a result of accidents or losses. I authorize that the directors act for me according to their best judgement in any emergency requiring medical attention. In signing this application, I hereby acknowledge that I have read and understood the conditions and certify that the applicant is in good physical and mental health. I authorize Groove to use pictures for advertising purposes only. Yes\_\_\_ No\_\_\_

Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Child's Special Concerns or Allergies: \_\_\_\_\_

**Credit Card Information:**

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

STAFF USE ONLY			
Amount: \$ _____	CHQ #: _____	Date: _____	Initial: _____
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Amount: \$ _____	CHQ #: _____	Date: _____	Initial: _____