



Passover Camp Registration

Name: _____ Age: _____

D.O.B.: ____/____/____ OHIP #: _____

Address: _____ City: _____ Postal Code: _____

Phone: (____) ____-____ Cell: (____) ____-____

Emergency Contact: (____) ____-____ Name: _____

E-Mail: _____

Session & Payment Info (please check dates & choose time preference below):

- Half Day: 9:00am-Noon (\$50.00/Day + HST)
 Full Day: 9:00am-2:00pm (\$80.00/Day + HST)

April 19 April 20 April 21 April 22

Parent or Guardian Authorization: I give my approval to my child's participation in "Groove" School of Dance activities and excuse "Groove" School of Dance and its proprietors from all claims and damages that may arise as a result of accidents or losses. I authorize that the directors act for me according to their best judgment 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___

Parent/Guardian Name: _____ Signature: _____

Special Concerns/Allergies: _____

Credit Card Info

Name on Card: _____

Card Number: _____ Exp: ____/____ CVV: _____

STAFF USE ONLY

Amount: \$_____ CHQ #: _____ Total Amount Received: Y/N Initial: _____