



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**

- June 20     June 21     June 22     June 23     June 24
- June 27     June 28     June 29     June 30
- July 4       July 5       July 6       July 7       July 8
- July 11      July 12      July 13      July 14      July 15
- July 18      July 19      July 20      July 21      July 22
- Aug 8        Aug 9        Aug 10       Aug 11       Aug 12
- Aug 15       Aug 16       Aug 17       Aug 18       Aug 19
- Aug 22       Aug 23       Aug 24       Aug 25       Aug 26

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 that may 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: _____
Amount: \$ _____	CHQ #: _____	Date: _____	Initial: _____
Amount: \$ _____	CHQ #: _____	Date: _____	Initial: _____