



Summer Camp Registration Form

Student Name: _____

Please select the date of the camp for registration:

July 9th - 13th (11-13 yrs)

July 16th - 20th (14+)

July 23rd - 27th (11-13 yrs)

July 16th - 20th (8-10 yrs)

July 23rd - 27th (8-10 yrs)

Parent/Guardian Contact: _____

Emergency Contact Phone Numbers:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Any medical issues which we need to be made aware of:

MCP #: _____

Release Form:

I hereby certify that my child is in good physical condition and able to participate fully in this program. All current conditions requiring medication are outlined above.

I release The Dance Centre and any teachers from liability in case of accident or injury. I understand that class will be conducted in the safest possible manner by the instructors.

I understand that The Dance Centre may use photos taken at the school or at school events for promotional purposes and for use on the school website.

Signature: _____ Date: _____