



# REGISTRATION FOR CAMP 2017

Last Name:		First Name:	
Age:	Date of birth: <u>   </u> / <u>   </u> / <u>   </u> <small>day month year</small>	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Address:		Apt #:	City:
Postal Code:		E-mail:	
Tel. # (day):		Tel. # (evening):	
Medicare #:		Exp:	
Emergency contact name:		Tel. #:	
Mother's/father's name:		Social insurance #:	

**Note:** Your child's health insurance number and your Social Insurance Number (in order to receive a "Relevé 24" for child care expenses) are required at registration.

**Please notify us of any medical conditions and/or allergies:** \_\_\_\_\_

JUNE 26-30	_____	JULY 31 - AUGUST 4	_____	EXTENDED HOURS AM:	_____
JULY 3-7	_____	AUGUST 7-11	_____		
JULY 10-14	_____	AUGUST 14-18	_____		
JULY 17-21	_____	AUGUST 21-25	_____	EXTENDED HOURS PM:	_____
JULY 24-28	_____				

## AGREEMENT / RELEASE FORM

I, (print name) \_\_\_\_\_, consent that with any physical activity there are risks of injuries. I hereby release Danse 1...2...3 and all instructors under its direction from any liability towards injuries that I and/or my child/children may incur during the course of my and/or their involvement in a class performance of any kind.

Signature: \_\_\_\_\_ Date: (Day, Month, Year) \_\_\_\_\_

## PARENT'S MEDICINE CONSENT FORM

All medication that your child may need to take at DANSE 1...2...3 dance camp must be listed on this form. You should include both over the counter medications ( I.E, Tylenol and prescribed medications.

I, \_\_\_\_\_ give permission to DANSE 1...2...3 Instructor (s) to give my child \_\_\_\_\_, the following medications.  
Parent's Name (signature) Child's Name

PRESCRIBED MEDICATION:

1-NAME: \_\_\_\_\_ DOSAGE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

## PHOTO AND VIDEO RELEASE FORM

I hereby authorize Danse 1...2...3 Inc., its representatives, staff, and employees, the right to take my photograph(s) and video(s) in connection with my registration at summer camp. I also authorize Danse 1...2...3 Inc., it's assignees and transferees the right to copyright, use and publish the same in print and/or electronically, and all other multimedia medium. I also agree that Danse 1...2...3 Inc, may use such picture(s) and video(s) with or without mention of my name for publicity, illustration, advertising, and Web content including Danse 1...2...3 Facebook page, Danse 1...2...3 web site and other social medias. I have read and understood the above:

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT INFORMATION

**-Post-dated cheque for June 1st must be received with registration form in full.**  
**-Full payment must be paid by June 1st 2017. No refunds after this date.**

### For administrative use only

Payment type: In Full

Method of payment: Cash   
Cheque   
Interac