

Registration Form

| | |
|--------------------------------|--------------------------------------|
| <i>for office use only</i> | Last Name: _____ |
| | Group: _____ Days: <i>M T W Th F</i> |

Camper Information *(please complete a separate form for each child attending)*

First & Last Name: _____ Birth (yyyy/mm/dd): _____ Gender: _____

Address: _____ City/Prov: _____ Postal Code: _____

Family Information

Parent/Guardian 1: _____ Tel (H): _____ Tel (W): _____

E-mail: _____ Tel (C): _____

Parent/Guardian 2: _____ Tel (H): _____ Tel (W): _____

E-mail: _____ Tel (C): _____

Program Information

| GROUP | <input type="checkbox"/> ORANGE 4-5 yrs | <input type="checkbox"/> RED 6-8 yrs | <input type="checkbox"/> BLUE 9-13 yrs | <input type="checkbox"/> GREEN (Dance Intensive) 9-13 yrs | |
|---|--|---|---|--|------------------------------|
| DAYS ATTENDING | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri |
| CHECK if early drop-off is required (8:30 am) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHECK if late pick-up is required (4:30 pm) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>I authorize the following people to pick up my child</i> | | | | | |

Emergency and Medical Information

Health Card #: _____

Emergency Contact: _____ Tel (H): _____ Tel (W): _____
(other than parents)

Does the camper have any medical conditions or medications? _____

Does the camper have any special needs? _____

Authorizations

- I permit my child to participate in the full range of camp activities
- Pictures taken at camp may be used for promotion

Liability waiver

In the case of injury or accident of any kind at the Art Explosion March Break Dance Camp, neither the Guelph Contemporary Dance Festival (GCDF) or the River Run Centre (RRC), nor any employee, nor volunteer of the GCDF or RRC will be held liable for the occurrence. I hereby release the GCDF and RRC, its employees or volunteers from all claims or damage, which may arise out of any loss or personal injury to the named participant in this program.

Signature (please print name underneath): _____ Date: _____