

# 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 Focus) 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: \_\_\_\_\_