



Summer Camp 2020 Registration Form

Dancer's Name: _____
Dancer's Date of Birth: _____ Dancer's Age (as of July 1/20): _____
Previous dance experience: _____

Contact Information:

Parent/Guardian's Name(s): _____
Address: _____ City: _____ Postal Code: _____
Email: _____
Phone: Home: _____ Business: _____ Mobile: _____

Alternative Emergency Contact:

Name: _____ Phone #: _____ Relationship: _____

Medical Information (ie:Physical Limitations/allergies): _____

Pricing:

Half Day: \$105 + HST = \$118.65/week

Full-Day: \$210.00 + HST = \$237.30/week

*A non-refundable deposit of \$50 per camp week is required upon registration to hold your spot. The remainder of all payments must be made by the first day of camp. The remainder of your payment is non-refundable following the first day of camp.

*Please indicate which program and week(s) you would like to register for:

___ Half-Day Camp (Ages 3-5) ___ Full-Day Camp (Ages 5-7) ___ Full-Day Camp (Ages 8-11)

___ July 20-24th

___ Aug 10-14th

___ Aug 17-21st

*Students should bring with them a **peanut/nut free** lunch, snacks & water. Please wear comfortable clothing (no sun dresses).

To reserve a spot in our summer camp, please register at Element Dance Arts, or mail/email your completed Summer Camp Registration Form and cheque or cash to:

Element Dance Arts Inc.
1600 Industrial Rd. Unit 2C
Cambridge, ON., N3H 4W5

For Office Use Only:

Method of Payment: Cash Debit Visa M/C Cheque #

Amount Paid: _____

Admin initials: _____

Element Dance Arts
RELEASE & AUTHORIZATION FORM

PLEASE READ CAREFULLY

ASSUMPTION OF RISK

I acknowledge that dancing is a physical activity that involves jumping, kicking, rotation, and coordinated body movements. I agree that my / my child's participation in Element Dance Arts involves inherent physical risks and I agree to assume the full risk of any bodily injuries (including death), damages, or loss which I / my child may sustain as a result of any activities arising out of, connected with, or in any way associated with my / my child's participation in Element Dance Arts activities. I certify that my / my child's present level of physical condition is consistent with the demands of active participation in dance.

WAIVER

I agree that I, my heirs, next of kin, executors, administrators and assigns do hereby fully release Element Dance Arts from any and all liability, claims and causes of action arising from any injury, damage or loss I / my child may sustain as a result of my / their participation in Element Dance Arts activities and covenant not to sue Element Dance Arts for the same, whether caused by the negligence of Element Dance Arts or otherwise. **This is a complete and irrevocable release and waiver.**

INDEMNITY

I agree to indemnify, hold harmless and defend Element Dance Arts from any and all claims arising out of or in consequence of my / my child's participation in Element Dance Arts. This indemnification includes, but is not limited to, legal fees.

MEDICAL INFORMATION AND AUTHORIZATION

I have disclosed all illnesses and conditions affecting my child to Element Dance Arts. In the case that my child sustains an injury or medical emergency during activities relating to Element Dance Arts and in the event that my child or myself cannot respond at the time of the emergency, I hereby authorize the staff at Element Dance Arts to seek, administer or have administered whatever first aid or emergency medical care is deemed necessary for my child's welfare. This authorization DOES NOT require a prior determination of a threat to my child's life or of serious permanent injury. I will take full financial responsibility for any medical treatment. I have custody of my child and the right to make decisions for him/her.

MODEL RELEASE AND AUTHORITY TO IDENTIFY

I acknowledge that my child or myself may be photographed or recorded for marketing or public relations purposes. I hereby grant Element Dance Arts permission to use photographs of my child or myself as elements of a photographic piece or to put the photographs to any legitimate uses they may deem proper.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement. I acknowledge that the information I have shared with Element Dance Arts is true and correct. By signing this agreement I am agreeing to abide by these terms.

Name of Parent/Guardian (print)

Name of Parent/Guardian Signature

Date

Element Dance Arts Employee (print)

Element Dance Arts Employee Signature

Date