



March Break Camp Registration Form 2020

Child's Name: _____

Date of Birth: _____ Age: _____ Sex: M / F

Street Address: _____

City: _____ Postal Code: _____

Parents/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

E-Mail Address: _____

Any Allergies/Medications: _____

Please check:

Full time, Monday – Friday, 9:00am-4:30pm - \$165

Total Program fee(s): _____ *Cash* or *Cheque*

This form must accompany a signed policy form.

Release form,

I, _____ hereby release Absolute Dance and those acting on its behalf as faculty and supervisors, from any and all liability which may be incurred on or off the dance studio premises, while my child is in their care.

Signature: _____ Date: _____

Please send payment, registration and policy forms to:

Mailing Address: Absolute Dance
9-22425 Jefferies Road, Unit 9
Komoka, ON, N0L 1R0