Rose Pointe Dance Company Summer Camp

Session 1: July 11-20 (T/Th)
Session 2: August 1-10 (T/Th)
Session 3: August 22-31 (T/Th)
Ages: 6+

REGISTRATION FORM

PARTICIPANT INFORMATION Please type or print legibly.

Last Name: _____ **First Name:** _____

Gender: ☐ **Female** ☐ **Male** **Age:**_____

Home address: _____

City: _____**Province:** _____ **Postal/Zip Code:** _____

Country: _____ **Telephone:** _____**cel:** _____

Parent email: _____

Mother's name:_____ **Father's name:**_____

Mother's day phone:_____ **Father's day phone:**_____

Mother's cell:_____**Father's cell:**_____

Emergency contact*:_____ **Relationship:**_____ **Phone:** _____

Specify any of your child's health problems:_____

Is your child on any medication? No ☐ **Yes** ☐ **If so, please specify:**_____

Payments: Tuition may be paid by cash or credit card
Camp Fees (please check all that apply)**:**

- **Session 1 July 11-20: $50.00** ☐
- **Session 2 August 1-10: $50.00** ☐
- **Session 3 August 22-31: $50.00** ☐

Contact Information
For more information, contact Abigail Ball, Camp Director at:
RosePointeDance@hotmail.com or visit our website: http://rosepointe.weebly.com

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

I understand that the sessions tuition balance is due by July 11th, August 1st, and August 22nd respectively. We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to Camp every day.

DROP OFF AND PICK UP TIMES
Drop off time:

- 1:00 PM

Pick up time:

- 3:00 PM
- A $1 fee will be charged for every minute late after a 5 minute courtesy wait.

***CAMPERS WHO NEED BEFORE AND AFTER CARE WILL BE CHARGED AN EXTRA $15/DAY**

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name_____Date_____

Parent/Legal guardian Signature_____Date_____

Student Allergies_____

Student Medical Problems_____

Doctor_____Phone number_____

Insurance carrier_____Policy number_____

Who is financially responsible for the student? _____
I hereby give permission to **Rose Pointe Dance Company** to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by **Rose Pointe Dance Company** including but not limited to all aspects of cheerleading, tumbling, and dance training, and all outside sports. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Rose Pointe Dance Company, its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Rose Pointe Dance Company** including any event sponsored or sanctioned by **Rose Pointe Dance Company** and or travel to and from such activities.

I understand that **Rose Pointe Dance Company** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behaviour in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Rose Pointe Dance Company** or its scheduled program and that **Rose Pointe Dance Company** has the right to send him/her home for inappropriate conduct. No refunds will be given. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature_____ Date_____