

# Camp ViBE!

## Registration Form 2010

Dancer's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Parent & Dancer Email addresses: \_\_\_\_\_

**Check mark the appropriate session for enrolment:**

- Session #1** = Monday, July 5<sup>th</sup> to Friday, July 16<sup>th</sup> = \$370.65
- Session #2** = Monday, July 19<sup>th</sup> to Friday, July 30<sup>th</sup> = \$370.65
- Session #3** = Tuesday, August 3<sup>rd</sup> to Friday, August 13<sup>th</sup> = \$336 (Closed Monday, August 2<sup>nd</sup>)
- Session #4** = Monday, August 16<sup>th</sup> to Friday, August 27<sup>th</sup> = \$370.65
- Trial Day** = Try one day at Camp ViBE for \$40 (only one Trial Day per session allowed)

**Total:** \_\_\_\_\_

\*\* \$100 non-refundable deposit per session enrolled due at time of enrolment

\*\*\* Remaining balance for Camp ViBE tuition is due on June 1<sup>st</sup>, 2009

**Deposit = Amount:** \_\_\_\_\_  
(Date)

**Balance Owing = Amount:** \_\_\_\_\_  
**June 1<sup>st</sup>, 2010**

**Check off your chosen payment method:**

- Cheque payable to "ViBE"      Deposit Cheque #: \_\_\_\_\_      Post-dated Cheque #: \_\_\_\_\_
- VISA    Card # \_\_\_\_\_      Expiry Date: \_\_\_\_ / \_\_\_\_
- MasterCard    Card Holder Name: \_\_\_\_\_      Signature: \_\_\_\_\_

**Check off any of the following that you wish to add to your Camp ViBE enrolment:**

- Pre-paid Snack Stop Card (\$20 cards available)

I acknowledge that there is a risk of injury involved in dance and fitness classes. I accept the risk and release ViBE Studio Productions Inc. from all liability. I acknowledge that camp tuition is non-refundable. I allow ViBE Studio Productions Inc. to use photos/images of my children for promotional use at any time. I agree to allow my children to participate in all camp activities. I give ViBE Staff the authority to act on my behalf in case of an emergency.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

### Pick Up Authorization Form 2010

Please list the people who will be picking up your child from Camp ViBE. Valid ID may be requested.

1. Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_
5. Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

I authorize the above people to pick up my child from camp every day. By signing this form, I understand and acknowledge that it is my responsibility to inform these people that they need to sign out my child with a counselor at the end of the day.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)