

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 5th to Friday, July 16th = \$370.65
- Session #2** = Monday, July 19th to Friday, July 30th = \$370.65
- Session #3** = Tuesday, August 3rd to Friday, August 13th = \$336 (Closed Monday, August 2nd)
- Session #4** = Monday, August 16th to Friday, August 27th = \$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 1st, 2009

Deposit = Amount: _____
(Date)

Balance Owing = Amount: _____
June 1st, 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:

- Extended Day Camp (\$17 per day)
- 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)