

Take 5 Dance Studio  
**Summer Registration Form**

Students Name: \_\_\_\_\_ Age \_\_\_\_\_  
 Address: \_\_\_\_\_ Birth date \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Daytime Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Mothers Name: \_\_\_\_\_ Fathers Name \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CLASS REGISTRATION**

<b>Class or Camp</b>	<b>Date</b>	<b>Price</b>		<input type="checkbox"/>
Summer ½ Day Camp (age 5-7)	July 19 <sup>th</sup> – 23 <sup>rd</sup>	\$115.00	9:00 – 11:30 am	<input type="checkbox"/>
Summer ½ Day Camp (age 5-7)	August 16 <sup>th</sup> – 20 <sup>th</sup>	\$115.00	9:30 – 11:30	<input type="checkbox"/>
Art & Dance Camp (age 7-10)	July 19 <sup>th</sup> – 23 <sup>rd</sup>	\$130.00	1:00 – 4:00 pm	<input type="checkbox"/>
Art & Dance Camp (age 7-10)	August 16 <sup>th</sup> – 20 <sup>th</sup>	\$130.00	1:00 – 4:00 pm	<input type="checkbox"/>
<b>Dance Boot Camp</b>				
Pre-Junior 1 (age 7-9)	August 10 <sup>th</sup> – 12 <sup>th</sup>	\$65.00	5:00 – 6:45	<input type="checkbox"/>
Intermediate (age 12+)	August 10 <sup>th</sup> – 12 <sup>th</sup>	\$95.00	6:45 – 9:45	<input type="checkbox"/>
Mini (age 5-6)	August 17 <sup>th</sup> – 19 <sup>th</sup>	\$50.00	5:00 – 6:30	<input type="checkbox"/>
Junior 2 (age 9-11)	August 17 <sup>th</sup> – 19 <sup>th</sup>	\$80.00	6:30 – 9:00	<input type="checkbox"/>
Competitive or experienced dancers only				
Jazz (age 3-4)	Tuesdays	\$50.00	5:30 – 6:00 pm	<input type="checkbox"/>
Hip Hop (age 5-7)	Tuesdays	\$50.00	6:00 – 6:30 pm	<input type="checkbox"/>
Acro Beginner (age 5-6 yrs)	Tuesdays	\$50.00	6:30 – 7:00 pm	<input type="checkbox"/>
Pre-Ballet (age 2-4)	Wednesdays	\$50.00	5:30 – 6:00 pm	<input type="checkbox"/>
Jazz (5-7 yrs)	Wednesdays	\$50.00	6:00 – 6:30 pm	<input type="checkbox"/>
Hip Hop (7-8 yrs)	Wednesdays	\$50.00	6:30 – 7:00 pm	<input type="checkbox"/>

**Payment Information**

- in Payments will not be accepted if postmarked
- Any cheques not honored will be subject to a \$35.00 fee

Sub Total Price    \$ \_\_\_\_\_ . \_\_\_\_\_  
 Before/Aftercare    \$ \_\_\_\_\_ . \_\_\_\_\_  
**TOTAL**                    \$ \_\_\_\_\_ . \_\_\_\_\_

## PICTURE/NAME WAIVER

I hereby give permission to the Take 5 Dance Studio to use my son/daughters name and picture.

## RELEASE AND WAIVER

In consideration of Take 5 Dance Studio, accepting this application, I, for myself, my heirs, executors, administrators and assigns, release Take 5 Dance Studio, it's respective servants, agents and employees from any claims, demands, damages, actions or causes of actions whatsoever arising out of or in consequence of the noted student participating in a dancing lesson/course or any other activity relating to the Take 5 Dance Studio, including, but not limited to claims, demands, damages, actions notwithstanding that any such loss, injury or damage may have arisen by reason of negligence or Take 5 Dance Studio, it's servants, agents, or employees. Without limiting the generality of the foregoing, I further release any recourses which I may now or hereafter have resulting from any decisions or activities of the Take 5 Dance Studio. For the aforesaid consideration, I agree to indemnify Take 5 Dance Studio, it's servants, agents, or employees form any claims or demands which might be made against the Take 5 Dance Studio, arising out of or in consequence of the attendance or participation by the student in a dance lesson/course or any other activity of Take 5 Dance Studio. If this release and waiver is signed by any other person than the student, I represent and warrant that I am the parent or legal guardian of the student, the student is under the age of eighteen (18) years, and I have full legal right and authority to sign the waiver on behalf of the student.

\_\_\_\_\_  
(Signature of Parent or Guardian if student is less than eighteen years of age)

\_\_\_\_\_  
(Signature of student, if eighteen years of age or older)

## HEALTH INFORMATION

**Student Name:** \_\_\_\_\_

**Health Card Number:** \_\_\_\_\_

**Allergies and/or other important information or condition we should know about?**

\_\_\_\_\_