

Registration Form - Summer Recreational Camps

Student Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Daytime Phone: _____ Evening Phone: _____ E-mail: _____

Date of Birth: D/M/Y _____ Age at start of camp: _____

Emergency Contact: _____ Phone: _____ Relationship _____

Session:	"Strictly Irish":	Week 1 (Aug 3 - 6) _____ (9:00 a.m. - 12:00 noon)	Week 2 (Aug 9 - 13) _____ (1:00 p.m. - 4:00 p.m.)
	"Sampler":	Week 1 (Aug 3 - 6) _____ (1:00 p.m. - 4:00 pm.)	Week 2 (Aug 9 - 13) _____ (9:00 a.m. - 12:00 noon)
	"Combo":	Week 1 (Aug 3 - 6) _____ (9:00 a.m. - 4:00 p.m.)	Week 2 (Aug 9 - 13) _____ (9:00 a.m. - 4:00 p.m.)

Injury Release

I hereby release Dance Unlimited/Irish Dance Studio, Yvonne Kelly and Joanne Vanderloo from all claims for damages arising from accident or injury which is caused by or arises from participation of the applicant named heron during any class or program or in any facility or at any location where the program is being held.

Signature of Parent or Guardian: _____ Date: _____

Payment Received: Amount _____ Cheque/Cash _____ (cheques payable to : Irish Dance Studio)