

## Registration Form - Summer Competition 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:      Week 1 (Aug. 3 - 6) \_\_\_\_\_      Week 2 (Aug. 9 - 13) \_\_\_\_\_      Week 3 (Aug. 16 - 20) \_\_\_\_\_

### 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)