

**GRACE ACADEMY OF DANCE AND PERFORMING ARTS**

**SUMMER CAMP REGISTRATION FORM**

**MAILING ADDRESS:** 785 Pacific Road Unit 1  
Oakville, ON  
L6L 6M3

<b>STUDENT NAME:</b>	<b>DATE OF BIRTH:</b>
<b>NAME OF PARENT/GUARDIAN:</b>	
<b>ADDRESS:</b>	<b>POSTAL CODE:</b>
<b>HOME PHONE NUMBER:</b>	<b>WORK/CELL NUMBER:</b>
<b>E-MAIL ADDRESS:</b>	<b>EMERGENCY CONTACT:</b>
<b>ALLERGIES/MEDICAL CONDITIONS:</b>	

**PREVIOUS DANCE EXPERIENCE (for those new to Grace Academy)**

**PROGRAM REGISTRATION - PLEASE INDICATE THE PROGRAM/WEEK(S) YOU WILL ATTEND:**

**A NON-REFUNDABLE DEPOSIT OF \$25 FOR THE 1/2 DAY PROGRAM  
OR \$50 FOR THE FULL DAY PROGRAM IS DUE UPON REGISTRATION.  
THE REMAINDER IS DUE BY POST DATED CHEQUE ON JUNE 1ST 2017**

**SPACE WILL BE LIMITED SO DO NOT DELAY!**

**I UNDERSTAND THAT HEIDI KNAPP, GRACE ACADEMY OF DANCE AND PERFORMING ARTS,  
AND TEACHERS OF THE ACADEMY CANNOT BE HELD RESPONSIBLE FOR ANY INJURY AS A  
RESULT OF ACCIDENT THAT MAY OCCUR IN CLASS OR PERFORMANCE.**

**I RELEASE THE ABOVE NAMED SCHOOL AND TEACHERS FROM LIABILITY IN CASE OF ACCIDENT OR INJURY.**

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**SIGNATURE OF PARENT/GUARDIAN**