



HAMILTON ACADEMY
OF PERFORMING ARTS

ACADEMIC
BALLET
MUSIC
VOCAL
DRAMA



International Ballet Summer Camp

REGISTRATION FORM

First Name _____ Family Name _____

Date of Birth (dd/mm/yy) _____ Age _____ Male / Female

Home address: _____ City _____

Province _____ Country _____ Postal Code _____

Home phone number _____ Health Card No _____

Previous Training: School _____ No. of Years _____

Kids' Dance _____ Junior Ballet _____ Intermediate Ballet _____ Senior Ballet Intensive _____

Session 1 _____ Session 2 _____ Extended care: Yes / No _____

Day Camp _____ Overnight Camp (Monday-Friday) _____ Overnight Camp (7 nights) _____

Allergies/Medical problems/Past injuries _____

Parent /Guardian Information

First Name _____ Family Name _____ Relationship _____

Home phone number _____ Cell number _____

Work phone number _____ E-mail _____

SIGNATURE: _____ DATE: _____

For office use:

Payment received: _____ Amount: _____ Cheque/Money Order no: _____

Comments: _____