



Ballet Intensive Summer Camp

REGISTRATION FORM

First Name _____ Family Name _____

Date of Birth (dd/mm/yy) _____ Age _____ Gender _____

Home address: _____ City _____

Province _____ Country _____ Postal Code _____

Home/Cell phone number _____ Health Card No _____

Previous Training: School _____ No. of Years _____

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

Week 1 _____ Week 2 _____ Week 3 _____

Extended care: Yes / No _____ Days & Time: _____

Permission to be photographed/video for social media & advertisements: Yes / No _____

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: _____

Method of payment: _____ Amount: _____ Cheque no: _____