



Ballet Intensive Summer Camp

REGISTRATION FORM

Applicant:

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 ____: Week 1 ____ Week 2 ____ Week 3 ____ Week 4 ____ (payment to Hamilton City Ballet)

Junior Ballet ____ **Intermediate Ballet** ____ **Senior Ballet Intensive** ____ (payment to HAPA)

Session 1: July 7 to July 18 ____ / Session 2: July 21 to Aug. 1 ____

Do you require extended care? It is complementary from 8am to 5pm. Yes / No – If Yes, please provide:

Days & Time: _____

Permission to be photographed/video for social media & advertisements. Names are not mentioned: 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: _____

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

No refunds after June 1, 2025