



### Summer Dance Experience: Registration Form

Student Name (please print): \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ & \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell /Business Phone: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Students D.O.B.: \_\_\_\_\_  
Day Month Year

#### Theme Choices:

Week 1: July 10-14  
Theme: Disney  Please Indicate Full / Half Day: \_\_\_\_\_

Week 2: July 17-21  
Theme: Rock Stars  Please Indicate Full / Half Day: \_\_\_\_\_

Week 3: July 24-28  
Theme: At the Movies  Please Indicate Full / Half Day: \_\_\_\_\_

Does your child suffer from any medical conditions that we should be aware of? Yes  No

If yes, please specify: \_\_\_\_\_

As the authorized legal representative of the above registered student, I hereby forever release, discharge and acquit Cheryle Bodrug's Burlington Dance Company Inc. (the release), including Cheryle Bodrug, all employees, teachers and/or agents from any and all claims for damages and/or injuries of any kind, nature or description, resulting from the above-registered student's participation in any dance related activity conducted by the release. I am aware that absolutely no refunds will be issued after the first camp day. In the unlikely event that I wish to withdraw from the 2017 Summer Dance Experience, I will submit written notice one week before July 10, at which point a refund, less \$25 administration fee, will be issued.  
**Signature of Parent or Guardian:** \_\_\_\_\_

**Office Use Only**  
Paid Amount: \_\_\_\_\_ Cash  Cheque  Debit  Visa/MC/Amex   
Paid Date: \_\_\_\_\_ Taken By: \_\_\_\_\_