



HIP HOP DANCE CAMP REGISTRATION FORM

Dancer's Name: _____

Address: _____

Postal Code: _____

Birthdate (dd/mm/yy): _____/_____/_____ Age: _____

Medical Condition(s): _____

Parent / Guardian Name: _____

Phone Number(s): Home: _____

Cell: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number(s): _____

Royal Oak Location: July 23RD - July 27th, 2018

6-9 Year Olds 12:30 pm - 3:00 pm

10-14 Year Olds 3:00 pm - 5:30 pm



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Hip Hop Dance Camp: \$150.00 + GST = \$157.50

Payment Total: \$ _____

Method of Payment:

Cash or Debit Cheque Credit Card

Credit Card Number: _____ Exp. _____

Signature for Credit Card Authorization: _____

Registered By _____

Once Registration and Payment has been taken, CANCELLATION WILL ONLY BE ACCEPTED FOR MEDICAL REASONS - with a doctor's note 24 hours prior to the start of the Dance Camp. No exceptions.

NO CREDITS will be kept for ANY CANCELLATIONS.

All camps are subject to Cancellation by PDA with Full Refund if minimum class requirements are not met. All photos taken at the dance camps by Premiere Dance Academy become the property of Premiere Dance Academy and maybe used for promotional materials. This camp is held on private property and Premiere Dance Academy has the right to refuse or accept registration. We are not responsible for lost or stolen property or injuries/illness occurring during or after the dance camp. The directors, faculty or any staff of Premiere Dance Academy or Hats Off Management Group are not liable at any time or for any reason. I fully understand and agree to all terms surrounding this dance camp.

Signature: _____ Date: _____

Registered by Phone and Explained Cancellation Policy

_____ (Initials of Office Staff)