

**EVOLUTION DANCE & FITNESS STUDIO INC.**  
**2011 Summer Dance Camp Registration Form**

Parents Name - \_\_\_\_\_ Family Identification # \_\_\_\_\_

Address - \_\_\_\_\_ City - \_\_\_\_\_

Postal Code - \_\_\_\_\_ E-Mail Address - \_\_\_\_\_

Home Phone - \_\_\_\_\_ Cellular - \_\_\_\_\_

Children: Full Name - \_\_\_\_\_ Age - \_\_\_\_\_

Birth Date - \_\_\_\_\_ Health Card # - \_\_\_\_\_

Full Name - \_\_\_\_\_ Age - \_\_\_\_\_

Birth Date - \_\_\_\_\_ Health Card # - \_\_\_\_\_

Medical Information: Please describe any allergies, injuries, and/or medical conditions  
\_\_\_\_\_

Emergency Contact Name - \_\_\_\_\_ Phone - \_\_\_\_\_

Weeks Attending \_\_\_\_\_

Full Day/Weekly Rate - \$200.00 ½ Day Weekly Rate - \$125.00 Day Rate - \$50.00

Amount	\$ _____	
Minus Discount	\$ _____	Only Applies to Full Day/Week
Sub-Total	\$ _____	
13% HST	\$ _____	
Total Amount	\$ _____	

Visa     Master Card     Debit     Cheque

I acknowledge that there is a risk of injury involved in dance and fitness classes. I accept the risk and release Evolution Dance & Fitness Studio Inc. from all liability. I allow Evolution Dance & Fitness Studio Inc. to use photos/images of myself and/or my children for promotional use at any time. I hereby give permission and authorize Evolution Dance & Fitness Studio Inc. to debit my Credit Card as indicated above for the amount shown.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature