

VICTORIA INTERNATIONAL BALLET ACADEMY

7 Bradwick Dr., Vaughan, ON L4K 2T4

REGISTRATION FORM FOR SUMMER CAMP/BALLET 2017

Name of participant(first)_____ (last)_____

Date of Birth (day) _____ (month) _____ (year)_____ Age: _____

Mother's name _____ Father's name _____

Telephone Nos. _____

E-mail _____

I allow the school to send news updates and promotions to my E-mail Do not send emails

Address: _____ City _____ Country _____

Postal code _____ Medical problems/allergies/past injuries/restrictions for physical exercise _____

REGISTRATION POLICY AND FEES: \$350 for a 5 day week (\$250 for a sibling) and \$280 for a 4 day week (\$200 for a sibling). \$200 for half-day camp week of 5 days and \$160 for a 4 day week, \$50 for 1 half-day camp. These are final prices. You don't pay tax on Summer Camp fees.

Week 1 (from Jul. 24)_____ Week 2 (from July 31)_____ Week 3 (from Aug. 7)_____

Half-day camp Full day camp

You have the option of bringing your child only to our specialized classes (all prices of classes are plus tax)

BALLET (10 a.m.) \$22 per 1 hour _____

ART (3 p.m.) \$20 per 1 hour _____

MUSIC (by app.) \$50 per hour _____

VOCAL (by app.) \$60 per 1 hour _____

ACADEMICS (app.) \$40 per 45 min. _____

PAID: \$_____ date: _____ by Debit card, Credit card, Cheque # _____, Cash

DISCLAIMER: I, _____ parent of the minor child whose name is _____ (Participant), hereby waive and release Victoria

International Ballet Academy, its employees and volunteers of any and all claims that I may have for any and all injuries arising out of my child's activities at any time during the use of the premises and equipment of the academy, in public places, inside and outside of the Academy's premises, on the way to and from all activities, and for any loss or theft of personal property. I agree that this waiver and release is reasonable and proper, and based on the nature of the business conducted by the Academy. I hereby warrant and represent that the participant is in good physical condition and that the participant has no physical impairment preventing him/her from engaging in active physical exercise or a condition which may be determined as detrimental and injurious to the health, safety, comfort or physical condition or development of my child or others. I agree to adhere to the rules of the Academy.

Date: _____, 2017

Name of parent: _____

Signature: _____