

VICTORIA INTERNATIONAL BALLET ACADEMY

7 Bradwick Drive, Vaughan, ON L4K 2T4

REGISTRATION FORM FOR SUMMER CAMP/BALLET 2019

Name of participant(first)_____ (last)_____

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

Mother's name _____ Father's name _____

Telephone No. _____

I would like to receive your emails

E-mail _____

Address: _____ City _____

Postal code _____

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

REGISTRATION POLICY AND FEES: \$350 for a 5 day week (\$250 per each sibling) and \$280 for a 4 day week (\$200 per each sibling) \$200 for half-day camp week of 5 days and \$160 for a 4 day week, \$50 for 1 half-day camp. No tax is charged on Summer Camp fees. Lunch \$8 per day.

Week 1 (from Jul. 22)_____ Week 2 (from July 29)_____ Week 3 (from Aug. 5)_____

Half-day camp Full day camp Lunch plan for _____ days.

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

BALLET (10 a.m.) \$25 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 (by 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: _____, 2019

Name of parent: _____

Signature: _____