



WDA SUMMER DANCE CAMP

15 to 17 August 2017

Classes for Dancers ages 6 to 11 - 9:00 am to 12:30 pm

Classes for Dancers ages 12 and up - 1:00 pm to 4:30 pm

Dancer: _____ Gender F / M DOB (dd/mm/yy) _____

Home Address: _____ Postal Code: _____

Parent 1: _____ Home# _____

Work# _____ Cell# _____

Email: _____

Parent 2: _____ Home# _____

Work# _____ Cell# _____

Email: _____

Please indicate any Medical Conditions, or concerns that may affect participation in dance:

Payment

- Registration Fee paid by 30 June - \$100
- Registration Fee received after 30 Jun - \$120

Paid by

- Cash
- Cheque # _____

Drop off forms at registration on June 8th or

Send Registration Forms to:

Treasurer
Wainwright Dance Academy
113 – 10 Street
Wainwright
AB T9W 1N6

PARENT CONSENT

I hereby consent to the participation of the above dancer in the Wainwright Dance Academy Society program. I agree to and do hereby indemnify and save harmless and release the WDA, its officers, directors, governors, instructors, agents, representatives and insurers (collectively referred to as "WDA") from any and all claims, actions, costs, expenses and demands of whatsoever kind, in respect to loss, damage, bodily injury or death to persons, including the dancer, or to property, which may arise out of or in connection with the dancer's participation in the program, unless such loss is occasioned by or attributable solely to the gross negligence of the WDA.

I acknowledge that the WDA hereby reserves the right to request that the dancer withdraw from the program prior to its conclusion if, in the opinion of the Executive, the dancer is not acting in a responsible manner or displaying appropriate conduct, or in the event that the dancer's behavior is deemed to constitute a danger to the health, safety or well being of any other dancer. I further confirm that any medical condition of the dancer, of which I am aware of, has been disclosed on the registration form.

Parent(s) signature: _____

Date: _____