

*Alive Danceworks Ltd.*

4251 Bow Trail SW, Calgary AB T3C 2G1

Phone: (403) 246-5511 Fax: (403) 217-5186

#1005 – 873 – 85<sup>th</sup> St SW, Calgary AB T3H 0J5

Phone: (403) 246-4488 [www.alivedanceworks.com](http://www.alivedanceworks.com)

**SUMMER CAMP REGISTRATION FORM**

STUDENT'S NAME: \_\_\_\_\_ Age: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ HOME PHONE #( ) \_\_\_\_\_ - \_\_\_\_\_

PARENT/GUARDIAN CELL #( ) \_\_\_\_\_ - \_\_\_\_\_

**EXPERIENCE:**

PREVIOUS DANCE SCHOOL: \_\_\_\_\_

YEARS OF EXPERIENCE: \_\_\_\_\_

WHAT STYLES: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

FATHER'S NAME: \_\_\_\_\_  
(first and last name please)

MOTHER'S NAME: \_\_\_\_\_  
(first and last name please)

**EMERGENCY CONTACT (not the parent/guardian)**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE # ( ) \_\_\_\_\_ - \_\_\_\_\_

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**PERMISSION/LIABILITY**

I grant permission for my child, \_\_\_\_\_, to participate in all forms of dance activities during the 2009 Summer Camp at Alive Danceworks Ltd. I will not hold Alive Danceworks Ltd, staff or landlord responsible for any accidents which may occur in conjunction with these activities.

**\*\*I am also understanding that there are no refunds after camp begins.**

**MEDICAL WAIVER**

I authorize the adult in charge of Alive Danceworks Ltd. classes to arrange and grant permission to appropriate medical authorities for health care as he/she deems necessary for the well being of my child.

Medical Concerns/Information: \_\_\_\_\_

Parent/Guardian Name: (please print) \_\_\_\_\_

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

\*Alive Danceworks Ltd. reserves the right to cancel classes if they do not fill with required student numbers. You will be notified before the camp begins if your desired program will not be running. Please feel free to check on your class number at any time by calling (403) 246-5511.