



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ OHIP#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Guardian E-Mail: \_\_\_\_\_

**Please Select The Days & Times Your Child Will Attend**
☐ AM ONLY (9a-12:00p)    ☐ FULL DAY (9a-4:00p)

☐ March 16th    ☐ March 17th    ☐ March 18th    ☐ March 19th    ☐ March 20th

Auhtorization: I give my approval for my child to participate in "Groove" School of Dance activities and excuse "Groove" School of Dance and its proprietors from all claims and damages hat my arise as a result of accidents or losses. I authorize that the directors act for me according to their best judgement in any emergency requiring medical attention. In signing this application, I hereby acknowledge that I have read and understood the conditions and certify that the applicant is in good physical and mental health. I authorize Groove to use pictures for advertising purposes only. Yes\_\_\_\_ No\_\_\_\_

Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Child's Special Concerns or Allergies: \_\_\_\_\_

**Credit Card Information:**

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

**STAFF USE ONLY**

Amount: \$\_\_\_\_\_ CHQ #:\_\_\_\_\_ Date: \_\_\_\_\_ Initial:\_\_\_\_\_

Amount: \$\_\_\_\_\_ CHQ #:\_\_\_\_\_ Date: \_\_\_\_\_ Initial:\_\_\_\_\_

Amount: \$\_\_\_\_\_ CHQ #:\_\_\_\_\_ Date: \_\_\_\_\_ Initial:\_\_\_\_\_