



**SPRING BREAK
DANCE PROGRAMS 2021
STUDENT REGISTRATION FORM**

STUDENT NAME: _____

BIRTH DATE (Month/Day/Year): _____ AGE(at camp): _____

MAILING ADDRESS: _____ POSTAL CODE _____

PARENT/GUARDIAN NAME: _____ PRIMARY PHONE: _____

EMAIL: _____

NEW TO Deas Island Dance? Please list dance experience on back of form.

PLEASE SELECT YOUR PROGRAM (NOTE PRICES INCLUDE GST)

_____ **MARCH 15-19 AGES 5-8 "DANCE INSPIRATIONS" CAMP MIXED DANCE PROGRAM - HALF DAY**
_____ MORNINGS 9:00-12:00 \$165
_____ AFTERNOON 12:00-3:00 \$165

_____ **MARCH 15-19 AGES 9-12 "DANCE INSPIRATIONS" CAMP MIXED DANCE PROGRAM - HALF DAY**
_____ MORNINGS 9:00-12:00 \$165
_____ AFTERNOON 12:00-3:00 \$165

_____ **MARCH 15-19 AGES 6-12 "DANCE INSPIRATIONS" CAMP MIXED DANCE PROGRAM – FULL DAY**
_____ FULL DAY 9:00-3:00 \$220

_____ **MARCH 22-26 MINI DANCE INTENSIVE - R.A.D. PRIMARY - GRD 1 - GRD 2 BALLET / LYRICAL / JAZZ TECH**
_____ MORNINGS 9:00-12:00 \$165

_____ **MARCH 22-26 MINI DANCE INTENSIVE - R.A.D. GRD 3 - GRD 4 BALLET / LYRICAL / JAZZ TECH**
_____ AFTERNOONS 12:00-3:00 \$165

_____ **MARCH 22-26 JAZZ TECH / CONDITIONING /LYRICAL CHOREO COMBO - VOCATIONAL /HIGHER GRADES**
_____ AFTERNOONS 3:00-5:00pm \$105

Programs are subject to registration | Please enclose the appropriate payment amount | GST included | Cash or cheques payable to Deas Island Dance | Drop form to the Deas Island Dance office or mail to: **Deas Island Dance – UNIT 320, 4949 CANOE PASS WAY, DELTA, BC, V4M 0B2**

I agree to adhere to all health guidelines, procedures and protocols that are in place at Deas Island Dance. I will not enter Deas Island Dance premises if displaying any signs / symptoms of Covid 19.

I, UNDERSIGNED, DO HEREBY AGREE THAT, AS A CONDITION OF USE OF THE FACILITIES OF DID (DEAS ISLAND DANCE), I DO HEREBY ASSUME ALL RISK OF PERSONAL INJURY, DEATH OR PROPERTY LOSS RESULTING FROM ANY CAUSE WHATSOEVER INCLUDING BUT NOT LIMITED TO THE INHERENT RISKS OF THEIR LANDLORDS OR LESSORS FROM ANY AND ALL CLAIMS THAT I MIGHT HAVE FOR PERSONAL INJURY, DEATH OR LOSS WHETHER BASED ON ALLEGATIONS OF NEGLIGENCE OR NOT. WAIVER MUST BE SIGNED ON BEHALF OF THE STUDENT BY HIS/HER PARENT OR GUARDIAN IF STUDENT IS UNDER 19 YEARS OF AGE.

Parent Signature : _____ Date: _____



STUDENT NAME: _____

BIRTH DATE (Month/Day/Year): _____ CURRENT AGE: _____

PARENT/GUARDIAN NAME #1: _____ PRIMARY PHONE: _____

PARENT/GUARDIAN NAME #2: _____ PRIMARY PHONE: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

ARE THERE ANY HEALTH CONCERNS/ALLERGIES WE SHOULD BE AWARE OF?

IF YES TO ALLERGIES, DOES YOUR CHILD CARRY AN EPI-PEN? _____

IS THERE ANY THING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR DANCER?

DROP OFF/PICK UP

All participants must be signed in/out when dropped off/picked up. Participants are not allowed to sign themselves in or out, and will not be released to someone who is not his/her parent/guardian, or who is not listed on the release form below.

I AUTHORIZE THE FOLLOWING PEOPLE TO DROP OFF/PICK UP MY CHILD FROM DEAS ISLAND DANCE SPRING PROGRAMS:

FULL NAME: _____ PHONE NUMBER: _____

FULL NAME: _____ PHONE NUMBER: _____

FULL NAME: _____ PHONE NUMBER: _____

FULL NAME: _____ PHONE NUMBER: _____

Parent Signature: _____ Date: _____