

The **S.P.A.C.E.**

School of Performing Arts for the Community of East York

www.the-space.ca

1324 Danforth Avenue, Toronto, ON M4J 1M9 416 850-1677

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Focused On Building Self - Esteem



2019 SUMMER CAMP REGISTRATION FORM

Student Name: _____ Birthdate: _____
First Last day month year

Parent/Guardian name(s) _____
Relationship to student

Home Phone Number: _____ Cell/Work Number: _____

Home Address: _____
Street name and number City Postal Code

E-mail Address: _____
will be used for updates and reminders; please note if you are unable to open attachments

Emergency Contact Name and Number: _____
will be used only if a parent/guardian cannot be reached

Please note any medical conditions (i.e. asthma, allergies, recent injuries) and course of action below.

Is there anything else we should know? (i.e. learning difficulties, other important information)

New students: Please tell us how you heard about The S.P.A.C.E.!

SUMMER CAMP POLICIES

Fees must be paid in full (cash, credit card, or cheque) one week prior to the first day of camp. Camp is limited to 12 students, and may be combined or cancelled due to insufficient registration. Refunds will only be issued in the case of cancellation.

All Camp sessions run from 9am to 3pm. Campers are to arrive on time, and be picked up promptly; if dropped off before 8:45 am, or not picked up by 3:15 pm campers will be considered part of the extended care program, and parents will be charged accordingly (extended care rates are \$10 per hour or part thereof). To ensure safety, late or unprepared students may be asked to observe class only. Hair must be tied back off the face and neck, and jewellery removed. No jeans (they restrict movement), oversized clothing (we must see the body to ensure proper technique), or street shoes are to be worn in class. Campers without dance shoes may participate barefoot. Gum, food, and drinks are not permitted in the studios (water bottles only).

Although every effort is made to ensure student safety, there are risks due to the physical nature of classes, and injuries may occur. *Teachers must be informed in advance if campers are unable to fully participate in activities for any reason.* The S.P.A.C.E., and individual teachers and extended care providers cannot be held responsible for injuries sustained due to participation in activities at The S.P.A.C.E., however caused.

_____ is capable of participating in all activities at The S.P.A.C.E. I have read and understand the above, I agree to abide by the Camp Policies, and assume all risks and responsibilities. I hereby release The S.P.A.C.E., and the individual teachers and extended care providers from any and all liability. I give permission for my child's likeness to appear in promotional material for The S.P.A.C.E., and understand that during performances, my child may also be recorded by third parties, and that The S.P.A.C.E. has no control over, and assumes no responsibility for the practices of any third party. I expressly relieve The S.P.A.C.E. from any and all liability arising from the practices of any third party. I also agree to be solely responsible for my child outside of the studio.

Signature (Parent/Guardian signature required if under 18): _____ date: _____

CAMP SESSION	DATES AND TIMES please check boxes	EXTENDED CARE REQUIRED? please check boxes	CAMP FEES	REGISTER
<u>Dance Camp</u> ages 6 – 12	<input type="checkbox"/> July 15 – July 19	<input type="checkbox"/> am only:8–9am = \$45 <input type="checkbox"/> pm only:3–6pm = \$135 <input type="checkbox"/> am+pm:8–9am+3–6pm=\$175	\$299 per week	\$
<u>Musical Theatre Camp</u> ages 6 – 12	<input type="checkbox"/> July 8 – July 12 <input type="checkbox"/> July 22 – July 26	<input type="checkbox"/> am only:8–9am = \$45 <input type="checkbox"/> pm only:3–6pm = \$135 <input type="checkbox"/> am+pm:8–9am+3–6pm=\$175	\$299 per week	\$
<u>Teen Dance Intensive</u> ages 12 – 18	<input type="checkbox"/> July 29 – August 2	not offered this week	\$299	\$
Extended Care also available by the hour at a rate of \$10 per hour or part thereof. Please specify dates and times required below.				
Hourly Extended Care			\$10/hr	\$
SUBTOTAL:				\$
Please add 13% HST to subtotal (87120 4426 RT0001).....				\$
GRAND TOTAL:				\$

Please make cheques payable to The SPACE

FOR CREDIT CARD PAYMENTS

Name as it appears on card: _____ Card Number: _____

Card type (please circle): Visa MasterCard Expiry Date: _____ Validation Code: _____

Cardholder Signature: _____ Date: _____

Cardholder authorizes The SPACE to charge this credit card for the full grand total amount.

For Office Use Only – Please Do Not Write In This Area

\$ _____ cheque/cash/Visa/MC received: _____ deposited: _____

\$ _____ cheque/cash/Visa/MC received: _____ deposited: _____

TOTAL.....\$ _____ receipt number(s): _____