

CAD Summer Camps: Registration Form
Junior Camps 4-7 Years
5645 Wharf Avenue Sechelt BC

Dancer's First Name _____ Last Name _____

Birth date ____/____/____ Age ____

Guardian's Full Name _____

Phone _____

Address _____

Email Address _____

Please list any health concerns _____

Is your child allergic to any type of food or medication? _____

TUITION INFORMATION: \$249 per week

CAMP DATES: Please circle the camp(s) you would like to attend.

July 24th-28th, 9am-12pm

August 14th-18th, 9am-12pm

August 21st-25th, 9am-12pm

Payment options: Cash, cheque or e-transfer (info@coastdance.com).

Total _____ Form of Payment _____

I give permission for photos or videos of my child to be used for social media and advertising purposes.

Parent/Guardian Initial: _____

I understand that neither Julie Izad, nor her teaching staff, will be held responsible in the unlikely event of an accident, injury or illness at 5645 Wharf Avenue, Sechelt B.C. I also understand that fees are paid in full in order for students to attend classes. I do not hold the academy responsible for lost or stolen items.

Parent/Guardian Signature: _____ Date: _____