

Registration Form
Acro Camp
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: \$150 for the week

Camp Dates: Please circle the camp(s) you would like to attend.

July 17th-21st, 4:15-6:15 (Advanced/Competition Teams) with Ms. Terra

August 21st-25th, 1:00-3:00 (Foundations/Intermediate) with Ms. Jasmyn

August 21st-25th, 5:00-7:00 (Advanced/Competition Teams) with Ms. Terra

Payment options: Cash, cheque or e-transfer (mamateedee@icloud.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: _____