



2018 ACRO SUMMER CAMP
August 20-24, 2018 9am-3:30pm
Ages 5+
\$349 + HST = \$394.37

***Payment is non-refundable and non-transferable.**

Acro enthusiasts of ALL skill levels are invited to join us for a week of training and so much fun! Dancers will study all different avenues of Acrobatics from contortion work to tumbling. We will work on fusing our new tricks into some high energy choreography. This is the perfect way to end the summer and get in gear for a fantastic new Acro season!

STUDENT NAME: _____ BIRTHDATE: ____/____/____/

ADDRESS: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____

MOTHER'S NAME: _____ CONTACT NUMBER: _____

FATHER'S NAME: _____ CONTACT NUMBER: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE: _____

RELATIONSHIP TO CHILD: _____ ALLERGIES: _____

MEDICAL CONDITIONS: _____

In the event of an emergency, may we release your child to your emergency contact?

Yes: Parent Signature _____ No: Parent Signature _____

Extended care is available from 7:30am to 9:00am and 4:00-6:00pm for a fee of \$10.00 +HST per hour.

PAYMENT METHOD: (please check)

CREDIT CARD: _____ DEBIT CARD _____ CHEQUE _____ CASH _____

CREDIT CARD #: _____ EXPIRY ____/____

SIGNATURE: _____ DATE _____

ADMINISTRATIVE SIGNATURE: _____ DATE _____

HOW DID YOU HEAR ABOUT US: _____

RELEASE AND AUTHORIZATION

At the Oakville Academy for the Arts, safety is very important to us. To ensure the well being of all patrons, guests and our staff, please carefully review, inform your child (ren) and adhere to all Oakville Academy rules and instructions. The following Release and Authorization must be completed, signed and dated prior to commencement of any instruction.

Name of the Student _____

Indicated on the line below are the health problems or conditions of which the Oakville Academy for the Arts should be aware (such as heart, back, medical, allergy, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, kidney, previous injury, shoulder problems, knee, ankle, wrist sprains etc.)

PUBLICATION RELEASE

We The Oakville Academy for the Arts strive to showcase the achievements of our students whenever possible. We may showcase students in our publications, school advertisements, website and other school activities. The students may also be showcased in other media such as newspaper or television. All of the media will be carefully vetted and escorted to and from classrooms by Academy staff.

STUDENTS NAME _____

I do give permission to include my daughter/son's photographs and name in The Oakville Academy for the Arts publications, website, advertisements, newspaper and television.

PARENT/GUARDIAN SIGNATURE: _____

I understand that the risk of injury is inherent in any physical activity and I, on behalf of myself and my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators and executors, hereby waive and release The Oakville Academy for the Arts and its staff from any and all claims or damages of any kind arising out of my child's participation in the exercise and/or dance program of The Oakville Academy for the Arts. I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/she has been examined by a licensed physician and found to be in proper physical condition to participate in said program.

I understand that all instructors have had police checks and have been highly recommended, screened and trained to work with our students. In dance instruction demonstration, spotting and physical guidance is sometimes necessary to make a correction and/or improve techniques. I acknowledge that this physical contact is normal and necessary for the proper and safe teaching of dance and acrobatics and is inherent to the nature of the activity.

I, the undersigned, do hereby authorize The Oakville Academy for the Arts or it's designated agents (being teachers employed by The Oakville Academy for the Arts) to obtain medical treatment for my said child in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services. This authority includes the power to authorize any and all treatment deemed necessary by a licensed physician.

I acknowledge and agree to the terms of the above Authorization and Release.

Signature of Parent / Guardian _____ Date _____

Student _____