



Mailing Address:
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Summer Dance Camp

REGISTRATION FORM 2009

Name of Student [Surname, First Name]: _____
 Name of Parent or Guardian (if applicable): _____
 Mailing Address: _____
 Telephone: Home: _____ Work/Cell: _____
 ***Email Address: _____
 Birthdate (dd/mm/yy): _____ Age: _____
 Previous Dance Training: _____

List any medical condition(s)/physical condition(s) the school should be aware of: _____

Dance Camp	Cost	Register (✓)	Dance Camp	Cost	Register (✓)
Junior Mini Dance Camp Ages 6 – 8 (9 – 1:30 pm) Mon-Fri.	\$300 2 Weeks		Intermediate (9-11yrs) and Senior (12-18) Dance Camp (9 – 2:30 pm) Mon – Fri. Pointe – 2:30 – 3:30 pm (Mon/Wed/Fri.)	\$400 2 Weeks \$60	
Ladies Only Sass Class Mon-Thurs. (6:00 – 7:00 pm)	\$100 2 Weeks		Adult Street Dance / HipHop Mon – Thurs. (7:00 – 8:00pm)	\$50 Week 2	
Adult CanCan Class Mon-Thurs (7:00-8:00pm)	\$50 Week 1				

Total Payment Owed: \$ _____
 Cash: _____ Cheque: _____ VISA: _____
 VISA #: _____ Expiry Date: _____ Signature: _____

The following waiver must be read and signed by the student or their parent/guardian if the student is under 19 years of age. In consideration of the Northern Lights School of Dance accepting me as a student I hereby, for myself, my heirs, executors, administrators and assigns, do release and forever discharge the Northern Lights School of Dance and its servants, agents, sponsors or employees from any and all claims, demands, damages, actions or causes of actions arising out of, or in consequence of, any loss, injury or damage that may arise by reason of the negligence of the Northern Lights School of Dance or its servants, agents, sponsors or employees. Without limiting the generality of the foregoing, I further release any and all recourses that I may now or hereafter have, resulting from any decisions of the Northern Lights School of Dance.

Release and Indemnification (signed by parent/guardian of student 19 years or younger):
 As a parent and/or guardian of the student of the named activity, under the legal age of 19, I have read and understand the above waiver and accepted its terms and conditions on my child's behalf.

Parent's signature _____ Date _____

Release and Waiver (signed by student 19 years or older):
 As a student of the named activity, I have read and understand the above and accept its terms and conditions.

 Student's Signature Date

Refunds

Refunds are available for medical reasons only and with a Doctor's note. Refunds will be pro-rated as of date medical proof received.