



# **Greene Avenue Dance Camp 2009**

## **Registration Information**

- Camp Dates: Monday, August 24<sup>th</sup> – Friday, August 28<sup>th</sup>, 2009.
- Camp hours: 9:00 a.m. to 4:00 p.m. for all levels.
- Children must be 8 years or older and have minimum one year ballet instruction.
- Registration deadline: June 12<sup>th</sup>. A non-refundable \$40 registration fee per child must be paid at registration, dated no later than June 12<sup>th</sup>.
- Camp Fees must be paid in full by July 17<sup>th</sup>. No refunds will be issued after that date. All levels: \$240 (includes the non-refundable \$40 registration fee). Post-dated cheques are accepted for fees. Please make cheques payable to **Centre Greene**, dated no later than August 17<sup>th</sup>.
- Families with more than one child enrolled receive a 10% sibling discount off the camp fees (\$200) for every child after the first.
- Campers under the age of 12 may not be dropped off before 8:50 a.m. or stay after 4:15 p.m.
- Please note that for practical reasons, children may not be picked up before 4:00 p.m. unless the camp office receives sufficient notice.
- If you have any questions, do not hesitate to contact Anna Johansson at (514) 931-6202, or email: [info@centregreene.com](mailto:info@centregreene.com)

## **Camp Checklist**

Campers require the following items everyday:

- A backpack/gym bag. This bag will travel back and forth with the camper on a daily basis and should be well labeled with the camper's name and phone number;
- For ballet and contemporary:
  - A leotard
  - Tights (with feet)
  - Ballet shoes
  - Pointe shoes (only for dancers between the ages of 13 and 16, or with prior consent)
  - Footless tights or leggings
- For choreographic workshop:
  - Shorts, stretch pants, track pants or leggings
  - A tee-shirt
  - Running Shoes
- For art classes: a smock or big tee-shirt;
- A lunch that does not require refrigeration and a snack for the afternoon. extra drinks for hot days are recommended;
- A labeled bottle of water (very important!)

Please note:

- Clothing and other equipment should be properly labeled with nametags.
- Hair must be in ballet bun everyday.
- Please leave valuable items and money at home (Walkman, Gameboy, jewelery, etc.) Centre Greene is not responsible for lost or stolen objects.



# Greene Avenue Dance Camp 2009

## Registration Form

### CAMPER

Last name \_\_\_\_\_ First Name \_\_\_\_\_

Date of birth (dd/mm/yy) \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Tel# \_\_\_\_\_

### MOTHER

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Daytime Telephone # (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

### FATHER

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Daytime Telephone # (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

### Ballet Experience

Where has your child attended ballet classes before? \_\_\_\_\_

Number of years \_\_\_\_\_ What level is she/he now: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Childcare tax receipt

Would you like a 2009 childcare tax receipt? Yes \_\_\_ No \_\_\_

Name of person paying camp fees: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Child's Birth Date: (dd/mm/yy) \_\_\_\_\_

Address (only if different from child's): \_\_\_\_\_

\_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Tel. # \_\_\_\_\_

### CONTACT PEOPLE & NUMBERS IN CASE OF EMERGENCY

#### (other than parents)

Name \_\_\_\_\_ Daytime # \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name \_\_\_\_\_ Daytime # \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### THOSE AUTHORIZED TO PICK UP CAMPER (other than parents)

Name \_\_\_\_\_ Daytime # \_\_\_\_\_

Name \_\_\_\_\_ Daytime # \_\_\_\_\_

Payment included:

Registration fee (mandatory per child, non-refundable): \$40.00 \_\_\_\_\_

Camp fee: \$200.00 \_\_\_ sibling discount \$180.00 \_\_\_ (please check if applicable)

*I have read and understand the Greene Avenue Ballet Camp registration form. I absolve the Greene Avenue Community Centre (Centre Greene) from any injuries, losses or damages that may occur at the centre or during any camp activities. Camp is subject to cancellation in the event of insufficient registration by June 12<sup>th</sup>.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Medical Information (confidential)

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Tel# (home) \_\_\_\_\_ (work/other) \_\_\_\_\_

Father's Name \_\_\_\_\_

Tel# (home) \_\_\_\_\_ (work/other) \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Grade \_\_\_\_\_

(Day/Month/Year)

**MEDICARE NUMBER** \_\_\_\_\_

**EXP. DATE** \_\_\_\_\_

Child's doctor \_\_\_\_\_ Day # \_\_\_\_\_

## HAS YOUR CHILD EVER EXPERIENCED ANY OF THE FOLLOWING?

\_\_\_\_\_ Head Injury \_\_\_\_\_ Problems with eyesight \_\_\_\_\_ Heart Problems

\_\_\_\_\_ Diabetes \_\_\_\_\_ Problems with hearing \_\_\_\_\_ Epilepsy

\_\_\_\_\_ Cystic Fibrosis \_\_\_\_\_ Asthma \_\_\_\_\_ Dance injuries

Other: \_\_\_\_\_

Behavior difficulties (specify) \_\_\_\_\_

Allergies (food & medicine) (specify) \_\_\_\_\_

Take regular medication? Specify name(s) and dosage. \_\_\_\_\_

Who should administer dosage? \_\_\_\_\_

*N.B. Please do not send your child to dance camp if s/he is ill and/or feverish.*

I AUTHORIZE THE GREENE AVENUE BALLET CAMP TO TAKE NECESSARY ACTION IN RELATION TO THE HEALTH OF MY CHILD IN THE CASE OF AN EMERGENCY.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_