



**HAMILTON ACADEMY**  
OF PERFORMING ARTS



## Ballet Intensive Summer Camp

### REGISTRATION FORM

First Name \_\_\_\_\_ Family Name \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Home address: \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Home/Cell phone number \_\_\_\_\_ Health Card No \_\_\_\_\_

Previous Training: School \_\_\_\_\_ No. of Years \_\_\_\_\_

Kids' Dance \_\_\_\_\_ Junior Ballet \_\_\_\_\_ Intermediate Ballet \_\_\_\_\_ Senior Ballet Intensive \_\_\_\_\_

Week 1 \_\_\_\_\_ Week 2 \_\_\_\_\_ Week 3 \_\_\_\_\_

Extended care: Yes / No \_\_\_\_\_ Days & Time: \_\_\_\_\_

Permission to be photographed/video for social media & advertisements: Yes / No \_\_\_\_\_

Allergies/Medical problems/Past injuries \_\_\_\_\_

Parent /Guardian Information:

\_\_\_\_\_  
First Name Family Name Relationship

Home phone number \_\_\_\_\_ Cell number \_\_\_\_\_

Work phone number \_\_\_\_\_ E-mail \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Method of payment: \_\_\_\_\_ Amount: \_\_\_\_\_ Cheque no: \_\_\_\_\_

108 Park St. West, Dundas ON, L9H 1X4 / Tel: 289-238-9855

# Ballet Intensive Summer Camp

HAMILTON ACADEMY OF PERFORMING ARTS & HAMILTON CITY BALLET

## RELEASE AND WAIVER OF ACTIVITY

IN CONSIDERATION for monies received, it is hereby acknowledged, student \_\_\_\_\_ is permitted/agrees to participate in the study of and the participation in dance activities and instruction provided by Hamilton Academy of Performing Arts or Hamilton City Ballet (Max Ratevosian & Melania Pawliw, or any agent instructors) authorized from time to time by the aforementioned, DO HEREBY FULLY AND FINALLY RELEASE, FOREVER DISCHARGE AND HOLD HARMLESS Hamilton Academy of Performing Arts or Hamilton City Ballet (Max Ratevosian & Melania Pawliw, or any agent instructors) of and from any and all actions, causes of actions, covenants, contracts, claims, demands, complaints, grievances, damages, liabilities, costs or losses of any nature and kind including but not limited to accidents, injuries or death, arising out of or in any way relating to the participation of the student in dance classes, instruction or any other activity offered by Hamilton Academy of Performing Arts or Hamilton City Ballet (Max Ratevosian & Melania Pawliw, or any agent instructors).

I HEREBY CERTIFY THAT student \_\_\_\_\_ is in good physical condition and does not have any health deficits that would prevent or limit his or her full participation in a dance program, or that I have expressly advised Hamilton Academy of Performing Arts or Hamilton City Ballet in writing of such deficits in a separate document, authorized by a physician.

AND FOR THE CONSIDERATION REFERRED TO ABOVE, I HEREBY FURTHER AGREE student \_\_\_\_\_ will not make any claim or take or commence any proceedings against any person, corporation, or partnership or other entity in which any claim or any such proceeding, could, would or does arise with respect to any matters, which are the subject of the Waiver and Release, whether whole or in part, including any matter concerning, connected with or related to any action I may have as against any other party as a result of, in connection with or related to the participation of the student in dance classes, instruction or any other activities offered by Hamilton Academy of Performing Arts or Hamilton City Ballet.

THE UNDERSIGNED also waives any claim for liability on the part of Hamilton Academy of Performing Arts or Hamilton City Ballet for any items lost or stolen while on the premises of Hamilton Academy of Performing Arts or Hamilton City Ballet or while participating in any activity organized by Hamilton Academy of Performing Arts or Hamilton City Ballet.

DATED at Dundas, Ontario this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
STUDENT NAME (please print) )  
\_\_\_\_\_  
SIGNATURE of parent/guardian(for minors) )  
Or SIGNATURE of adult student (19 yrs or >) )

\_\_\_\_\_  
Witness