



BSSD Summer Camp 2024 Registration Form

Beaumont Society School of Dance, 4901-55 Avenue Box 3, Beaumont, AB T4X 1M9

www.beaumontdance.ab.ca

Student's Full Name: _____

Birth Date (m/d/y): ____/____/____ Age: _____ Male / Female / Other

Parents/Guardian Full Name: _____

Mailing Address: _____ Town/City: _____

Postal Code: _____ Email Address: _____

Home Phone: _____ Daytime Phone or Cell: _____

Emergency Contact (First/Last name): _____

Emergency Contact Phone: _____

Any Health Concerns or Conditions (please circle): YES NO

Explain: _____

Specify the type of allergy if life threatening and/or any other condition that might be fatal:

Dance Camp Group Registration (please check off):

If you have any questions about where your child should be placed please email us and we will advise.

Camp Programs:

Intro (3-4 years old)

Mini (5-7 years old)

Novice

Junior

Intermediate

Advanced

****Please note:** Levels may be combined depending on registration numbers.

Payment Information: E-transfers can be sent to bssdsummercamp@gmail.com

REFUND POLICY

- If cancellation is requested 2 weeks prior to the camp, you will receive a full refund.
- If cancellation is requested 1 week prior to the camp, you will receive a 50% refund.
- If cancellation is requested less than 1 week prior to camp, **no refund** will be issued.
- After the camp begins, refunds are issued **only** for medical reasons and may be prorated.

I have read the above and understand the refund policy:

Parent/Guardian Signature: _____ Date: _____



Beaumont Society School of Dance Consent and Waiver Form

PARENTS / GUARDIANS - PLEASE READ CAREFULLY

CONSENT TO USE OF INFORMATION

As a not for profit organization, Beaumont Society School of Dance relies on the use of volunteers to help coordinate activities during the dance year. To ensure the school can operate, we require your consent in the following ways:

Types of activities where information requiring your consent to be collected or used may include:

- The use of students' names and/or photos in local newspapers (e.g. advertising of the school, etc.)
- The use of student's name, photo and comments in the school newsletters or other school publications, including year - end concert program, BSSD website, instagram, facebook, etc.
- The taking of individual and class photos and the use of these photos for the newspaper or school newsletter (Please be aware that parents can take photos during parent observation weeks.)
- The use of student names and/or photos displayed at the schools' bulletin boards
- The use of student names and/or photos in listings of scholarships or other awards, Royal Academy of Dance exam registrations, dance competition registrations, etc...
- The circulation of information on a "need-to-know" basis regarding students who have severe or life-threatening medical conditions
- The sharing of class lists with the class representative phoning volunteers so that they can contact the parent regarding class changes, upcoming activities, etc.

We realize, however, that there may be occasions where you, as parents or guardians, have concerns relating to the safety of your child and any of these uses of information. If this is the case, please contact the Beaumont Society School of Dance Executive.

I hereby give consent for the school to use information/photos for all purposes specified above for:

Name of Child _____ for BSSD Summer Camp: August 13-15, 2024

Parent / Guardian Signature: _____ Date: _____

WAIVER FOR ACTIVITIES

I give permission for myself/child _____ to participate in the dance classes listed on the registration form. I understand the nature of the activity, the limited supervision provided and that there are inherent risks associated with this activity and that I or my child could sustain personal injury through participation in this activity and I am hereby accepting to take that risk on behalf of myself or my child.

I hereby agree to protect and save harmless and indemnify the Beaumont Society School of Dance and all of its organizers, volunteers, teachers, suppliers, agents, and executive members from and against any and all claims, expenses, costs, and demands relating to any injury and/or death arising out of myself or my child that has been registered including but not limited to classes and/or concerts and or performances.

I _____ hereby acknowledge that I have read and understood the contents of the waiver above. I understand that I am entitled to obtain legal advice relating to this waiver and hereby agree to waive my entitlement and accept full responsibility for any and all injuries and/or death as may be related to or resulting from participation in any/all BSSD activities.

Name of Child _____ for BSSD Summer Camp: August 13-15, 2024

Parent / Guardian Signature: _____ Date: _____