

Sunday, July 16th – Saturday, July 22rd, 2017

Fill out this registration form for each attendee and send the entire packet (including payment) to:
12391 193B Street Pitt Meadows BC V3Y 1A4 Canada



REGISTRATION / PAYMENT

Fees - \$1195.00(inc tax) for all 7 days & 6 nights!

Registration includes all food, lodging, classes and activities.
 A detailed package will be sent to you upon registration.

Payment Plan Option*

3 installments of post-dated cheques
 or Visa/MasterCard charges:

May 15, 2017 - \$398.33
 June 15, 2017 - \$398.33
 July 15, 2017 - \$398.34

Payment Plan Option is not available after May 15, 2017.

Full Payment due by July 15, 2017. All fees are non-refundable.

- Cheque (3x for payment plan option*)
- Money Order (full payment)
- VISA / MasterCard (full payment)
- VISA / MasterCard (payment plan option*)

Make Cheque or Money Order payable to: **Fusion Dance Company**
12391 193B Street Pitt Meadows BC V3Y 1A4 Canada

Credit Card # / / /

Expiry Date /

Total amount charged/enclosed

Signature

ATTENDEE & ACCOMMODATION INFO

Print Attendee's Name Gender F M

Date of Birth Age Birthday during camp dates ?

Do you dance with a studio? Y N If so, please specify

Attendees T-shirt size
 YS YM YL S M L XL

Roommate Preference (limit 4, same sex)

Name Age
 Name Age
 Name Age
 Name Age

Check appropriate box for Level Division

Green 10-12y Orange 13-15y Blue 16y+

Level adjustments may be made
 during introduction class due
 to dancer ability or class size.

Fusion Camp is held at the beautiful Lawathlat Chehalis Healing House, Harrison Hot Springs, BC. Near Hemlock Ski Resort off the Chehalis River. Approximately 2 hours from downtown Vancouver. (Please see our location link for detailed location: fusiondanceco.com)

PARTICIPATION AGREEMENT & WAIVER/RELEASE

PARENT/GUARDIAN AUTHORIZATION: I give permission for my child to participate in all Fusion dance camp activities (here in referred to as Fusion). I understand that there are potential risks associated with any program requiring physical activity, including this one. I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Fusion. I understand and agree that Fusion does not assume any financial responsibility for medical expenses and/or compensation for any injury that my child may suffer during or resulting from participation in this program or any other activities at the Fusion dance camp location. I agree that it is my responsibility to receive clearance from my child's physician before permitting my child to participate in this or any physical activity. I further understand that neither Fusion nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the this information and understand the contents thereof.

EMERGENCY AUTHORIZATION: I authorize any representative of Fusion to seek medical attention for my child when immediate medical care is warranted by the circumstances and I cannot be reached, or if under the circumstances there is no time to attempt to reach me because of the nature of the injury or illness. I further authorize the health care professional selected by Fusion to provide the necessary care and treatment for my child.

PHOTOGRAPH/VIDEO AUTHORIZATION: Fusion has my permission to use photographs/videos of my child in Fusion promotional material.

RELEASE AND WAIVER: In consideration of my child's participation in the activities of Fusion, I do hereby agree to hold free from any and all liability Fusion and its respective officers, employees and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which hereinafter accrue to me arising out of or connected with my child's participation in any of the activities of the Fusion dance camp.

SIGNATURE: I certify that I am the parent or legal guardian of this child and that I have authority to make the representations and grant the authorization contained herein.

Child's name (Printed)

Parent or Legal Guardian (Printed) Relationship to child

Signature of the Parent or Legal Guardian Date

TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN

Attendee's Name Date of Birth Gender F M Age

Parent/Guardian E-mail

Cell # () Work # () Home # ()

Address (City / Prov / Postal Code)

Alternate Emergency Contact (Name/Relationship)

Cell # () Work # () Home # ()

Provincial Health Care Card #

Private insurance carrier name Policy or Group #

ATTENDEE HEALTH HISTORY

1. list any health issues/conditions that your child experiences:

2. list current medication(s) your child is taking (Provide Instructions):

3. list any allergies your child experiences

4. Operations or serious injuries (dates/explain)

5. Any specific activities to be encouraged or limited by physician's advice:

6. Name of Physician Phone # ()

7. Specific needs (health, physical, or educational) for Fusion staff awareness:

8. Food allergies or specific dietary needs (Vegetarian etc.)

I understand that a Fusion staff member will be dispensing medication per the instructions of the parent and understand that medication will be distributed in accordance with the directions provided and that those directions may be conveyed to medical providers in case of an emergency. EMERGENCY AUTHORIZATION: I authorize any representative of Fusion to seek medical attention for my child when immediate medical care is warranted by the circumstances and I cannot be reached, or if under the circumstances there is no time to attempt to reach me because of the nature of the injury or illness. I further authorize the health care professional selected by Fusion to provide the necessary care and treatment for my child.

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above.

Signature of the Parent or Legal Guardian X Date