

Summer Arts

Creative Movement | Music Making | Visual Arts



509 Parliament Street, Toronto, Ontario, M4X 1P3 ♦ 416- 924-5657 ♦ schoolofccdt@ccdt.org ♦ theschoolofccdt.ca

Student Information

First name: _____ **Last name:** _____

Street Address: _____ **City:** _____ **Postal Code:** _____

Home Phone: _____ **Birthdate:** (MM/DD/YYYY) _____ **Age as of Aug 2nd 2022:** _____

Allergies/Medical Conditions/Medications: _____

Parent/Guardian Information

Guardian 1's Name: _____ **Guardian 2's Name:** _____

Guardian 1's Email: _____ **Guardian 2's Email:** _____

Guardian 1's Cell: _____ **Guardian 2's Cell:** _____

Emergency Contact Name: _____ **Phone:** _____

Referred by / How did you hear about Summer Arts? _____

Medical Release

I certify that my child, _____, is in good physical condition and is able to participate safely in this program. All current medical conditions are outlined on this form.

I understand all classes will be conducted in the safest possible manner by trained professional instructors. I understand the inherent risk involved, and that despite precautions being taken by the studio, accidents and injuries may occur. By signing this release form, I assume all risks related to the use of any and all spaces used by Summer Arts and the School of CCDT. I agree to release from responsibility Summer Arts & the School of CCDT including all teachers, dancers, accompanists, staff members, and facilities used from any cause of action, claims, or demands now and in the future. I will not hold Summer Arts or the School of CCDT liable for any personal injury including but not limited to: scrapes, bruises, cuts, sprains, fractures, broken bones, concussions or death or any personal property damage/loss, which may occur on or off the premises before, during, between, or after the program.

Parent/Guardian: _____ **Signature:** _____ **Date:** _____

Photo & Video Release

Summer Arts/The School of CCDT may take photos and/or videos throughout Summer Arts. These may be used for promotional purposes for SummerArts/The School of CCDT. **I waive all rights** to any photos/videos and allow them to be used for their intended purposes. I understand that **no fee or reimbursement** will be offered.

Parent/Guardian: _____ Signature: _____ Date: _____

If you do NOT wish for photos/videos of your child to be used, please check here.

COVID-19 Health & Safety Agreement

- I understand that if my child is feeling ill with symptoms including but not limited to fever, cough, loss/decrease of taste/smell, or difficulty breathing, they must remain home, and I will refer to current Public Health guidance in regards to testing and isolation and/or contact a physician for clearance to return to the studio.
- I understand that if my child or anyone in our household has tested positive for COVID-19, or if we have been directed to self-isolate for any reason, they will not be able to attend until cleared by applicable public health guidance.
- I understand that COVID-19 policies are subject to change based on government health and safety guidelines and regulations as the pandemic continues to evolve, and that additional measures may be added at a later date.

Parent/Guardian: _____ Signature: _____ Date: _____

Program Fee

Half-day Program (9:00am- 12:30pm) : \$225

Full-day Program (9:00am - 3:30pm) : \$325

Both programs run Tuesday August 2nd-Friday August 5th

Method of Payment (Please check one)

E-Transfer to dlundmark@ccdt.org (please use password: Dance2022)

VISA/MC card number: _____ Exp: _____ / _____ 3-Digit Code: _____
(\$10.00 surcharge applies)

Name on Card: _____ Signature: _____

Payments are non-refundable, except in the event the program must be cancelled due to circumstances beyond the control of The School of CCDT (e.g. COVID-19 lockdown)

OFFICE USE ONLY

Date Received: _____

Payment Received: _____

- Confirmation sent