

UNIONVILLE -	Session #1: July 6-17, 2009	+	Session #2: July 20-31, 2009
TORONTO -	Session #3: August 4-14, 2009	+	Session #4: August 17-28, 2009

APPLICATION FORM

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Birth Date: _____ Phone #: _____

Email (mandatory) _____ 2nd Email (if applicable) _____

Parent #1 Name: _____ Cell Phone #: _____

Parent #2 Name: _____ Cell Phone #: _____

Phone Number in case of emergency: _____

How did you hear about Randolph Academy? _____

• Are you interested in having an out-of-town student stay with you? Yes No

• Previous Training / Experience: _____

• **CHOOSE A SESSION:** (There will be a \$50 fee to change sessions after June 15, 2009)

UNIONVILLE:

- Session #1: July 6-17, 2009** Cost: \$555.00
Hours: Both weeks - 9 am - 4 pm
- Session #2: July 20-31, 2009** Cost: \$555.00
Hours: Both weeks - 9 am - 4 pm
- BOTH Sessions 1 + 2: July 6-31, 2009** Cost: \$999.00

TORONTO:

- Session #3: August 4-14, 2009** (excludes Aug. 3- Civic Holiday) Cost: \$555.00
Hours: Week 1 (Aug 4-7) - 9 am - **5 pm** (hours extended to accommodate Aug.3 holiday)
Week 2 (Aug. 10-14) - 9 am - 4 pm
- Session #4: August 17-28, 2009** Cost: \$555.00
Hours: Both weeks-9 am - 4 pm
- Both sessions 3 + 4: August 4-28, 2009** Cost: \$999.00

• **AGE CATEGORY** - Based on grade entering in September 2009: (Please check one)
 Junior (Grades 3-5) Intermediate (Grades 6-8) Senior (Grades 9-12)

• **PAYMENT:** (Full payment payable to Randolph Academy)

*Registrations will not be accepted without full payment. Post-dated cheques not accepted.

___ Cheque ___ Money order ___ Cash ___ Debit

___ Visa ___ M/C # _____ Exp. Date _____

Name on Visa or M/C: _____ Signature: _____

Refund policy:

Prior to June 15, 2009 - Full refund less \$50 administration fee. After June 15, 2009 - No refunds will be issued.

Randolph Academy for the Performing Arts

736 Bathurst St., Toronto, Ontario, M5S 2R4

Telephone: (416) 924-2243, x 225 Fax: (416) 924-1535 Email: kids@randolphacademy.com

MEDICAL INFORMATION FORM

NAME OF STUDENT _____

EMERGENCY CONTACT:

Name _____ Phone No. _____

Has your child ever suffered from asthma, heart problems, breathing problems or any other medical condition that may affect his/her ability to participate in this program?

Is your child on any medication?

Does your child have any allergies? Please specify.

Signature of Parent/Guardian

Date

INJURY WAIVER AND PHOTOGRAPHY AND VIDEO WAIVER

The undersigned understands there is a certain element of danger in dancing activities and acknowledges that it has been explained to her/ him that caution and care reduce the element of danger and injury. The undersigned also understands and agrees that the school reserves the right, at any time, to void this membership for an action by the member that the school deems undesirable. The undersigned represents that she/ he is physically sound and has medical approval to proceed with normal routine exercise applicable to the dance arts. I hereby grant permission for my child to participate in all RANDOLPH ACADEMY program activities including photographs and recordings and allow the use of any such material in which my child appears, for promotional, instructional, educational or commercial purposes. I hereby release RANDOLPH ACADEMY and its staff members from all claims for damages arising from participation by my child, during any program or in any facility or any location where a program is held. I hereby give permission to have staff arrange for any emergency medical care including transportation if necessary.

Signature of Parent/Guardian

Date

PLEASE NOTE:

**No camper will be considered registered unless ALL waivers are signed.
REGISTRATIONS WILL NOT BE ACCEPTED OVER THE TELEPHONE.**

Please send fully completed application form and payment to:
Randolph Academy for the Performing Arts
736 Bathurst St., Toronto, ON, M5S 2R4 Fax #: (416) 924-1535