



Groove Creative Arts Center 2010-11
Program Registration Form

491 Eglinton Ave West Suite 400
Toronto, ON M5N 1A8
416-919-2914

Information:

Name: _____ Age: _____ Grade: _____ D.O.B. ____/____/____ (M/D/Y)

Program Name/Day/Time: _____ Price \$ _____

OHIP#: _____

Address: _____ City: _____ Postal Code: _____

Phone: (____) _____ - _____ Cell: (____) _____ - _____

Emergency Phone: (____) _____ - _____

E-mail: _____

Parent or Guardian Authorization:

I give my approval to my child's participation in "Groove Creative Arts Center programs, activities and excuse the Groove Creative Arts Center and its proprietors and program directors and staff from all claims and damages that may arise as a result of accidents or losses. I authorize that the directors act for me according to their best judgment in any emergency requiring medical attention. In signing this application, I hereby acknowledge that I have read and understood the conditions and certify that the applicant is in good physical and mental health. I authorize Groove to use pictures for advertising purposes only. Yes ___ No ___

Parent or Guardian Name: _____ Signature: _____

Special Concerns/Allergies: _____

Staff Use Only - Payment Confirmation

Amount: \$ _____ chq#: _____ \$ _____ chq#: _____ \$ _____ chq#: _____

Total Amount Received: (Y/N) Initials: _____ Date: _____

