



**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: \_\_\_\_\_

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|--|
| Staff Use Only - Payment Confirmation                                  |
| Amount: \$ _____ chq#: _____ \$ _____ chq#: _____ \$ _____ chq#: _____ |
| Total Amount Received: (Y/N) Initials: _____ Date: _____               |

