

Spend your PA Day @ Camp ViBE and have an active, engaging, and fun-filled day!!

- Available to girls and boys of all ages
- Activities include dance, games, arts and crafts, and more
- Camp operates from 9am 4pm with early drop-off from 8:30am at no charge
 - Only \$50+tax per day

REGISTER NOW!!

Dancer's First & Last Name:

Birthday: _____ Health Card #: ____ Grade: ___ M/F

Medical Conditions/Allergies:____

Main Contact:	Relationship:	Cell #:	Contact Phone #:	
	•		Please sign below:	
Please note the date of the PA Day you are registering for:			I authorize the above people to pick up my child from C ViBE. I understand and I acknowledge that it is my responsibility to inform these people that they need to s out my child with a counselor at 4pm daily. If any information changes, I assume the responsibility to notic ViBE of the correct information.	
Payment: Total Fees:				
Card #		Expiry Date: /	(Signature) (Date)	
Card Holder Name:	Signature:		(Olganital O)	(2 410)
			<u>PERMISSIONS</u>	
Please sign below:			Check mark and initial if this applies to you:	
I acknowledge that there is a risk of injury involved in dance and fitness classes. I accept the risk and release ViBE Studio Productions Inc from all liability. I acknowledge that camp tuition is non-refundable. I allow ViBE Studio Productions Inc. to use photos/images of my children for promotional use at any time. I agree to allow my children to participate in all camp activities. I give ViBE Staff and			O I give my child the permission to participate in SUPERVISED outdoor activities.	
Management the authority to act on my behalf in case of an emergency. Date: Parent/Guardian Signature:			O I give my child the permission to sign out at the end of and leave UNSUPERVISED	
			O I give my child the permission to s leave the ViBE premises.	ign out at lunch and

Camper Pick-Up Authorization and **Permission Form**

Complete the following list of people who are will be picking up your child from Camp ViBE.

Valid ID may be requested.				
1. Name:				
Relationship to camper:				
Contact Phone #:				
2. Name:				
Relationship to camper:				
Contact Phone #:				
Please sign below:				
I authorize the above people to pick up my child from Camp ViBE. I understand and I acknowledge that it is my responsibility to inform these people that they need to sign out my child with a counselor at 4pm daily. If any information changes, I assume the responsibility to notify ViBE of the correct information.				
(Signature) (Date)				
PERMISSIONS				
Check mark and initial if this applies to you:				
O I give my child the permission to participate in SUPERVISED outdoor activities.				
D I give my child the permission to sign out at the end of the dand leave UNSUPERVISED				