MARITIME THEATRE SCHOOL March Break THEATRE Camp: March 10-14, 2025

Camp Location: 36 Duke Street, Bedford Email registration to maritimedance@eastlink.ca

Student Name (First and last)	Birthdate:	Gende	er:	Health Concerns/Limitation:
THEATRE CAMP			Current MDA or Theatre Student Level:	
□Theatre & Musical Theatre Camp \$274+Tax = \$315.10				
			Notes	
			Notes	
Contact # 1 First Name	Last Name		Relationship to	Student
Primary Phone #	Cell #		Work#	
			ΨVOIN #	
Email Address: *This will be used for communication and e-payment receipts, please print clearly				
Contact #2 First Name	Last Name		Relationship to Student	
Home/Primary Phone #	Cell #		Work#	
Email Address:				
Home Address	City		Postal Code	
Emergency Name (Other than above)	Phone:		Relationship t	o Student:
□ I have read and will abide by the camp waivers (page 2). □ I agree to abide by all rules, regulations and conditions contained herein or which may be posted from time to time. □ I agree that all exercise and use of any and all facilities/services are undertaken by member at his/her sole risk and responsibility and member further agrees that the Academy shall not be liable for claims, demands, injuries, damages or actions. Member expressly and forever releases the Academy, its management, employees, directors or instructors from all claims, demands, damages, actions by myself, my children or dependants, by reason of the use of any and all facilities. □ I understand the REFUND POLICY: The camp fee is non-refundable except where MDA/MTS cancels a camp or limits enrollment. The non-refundable camp deposit of \$100 is due with registration. Balance is due March 5, 2025. □ I will pay all fees on the due date. A \$30.00 service charge will apply for returned cheques. A weekly late fee of \$10+tax will apply to overdue accounts. MDA reserves the right to cancel any class or camp by crediting or refunding the initial fee and any unused dues.				
Signature:Date:				
Payment Information: □ E-transfer to mdajanicem@gmail.com (include dancer name in the message) □ In person (Debit, Credit, Cash) Staff Initial & Date				
□ Visa or Mastercard: Maritime Dance Academy may bill my card for: □ All future payments □ Camp payments only		Sign/pri	nt:	
Name on Card	Card Number	•		Card Expiry
Please read page 2. An email will be sent a fe special instructions related to the health and sa				ude information about the camp and any

IMPORTANT INFO

Dance Camp activities are scheduled approximately 9am – 4pm. We offer early drop off (beginning at 8:30am) and late pick up (ending at 4:30pm) at no charge.

Lunch Menu will be emailed prior to camp for advance orders. Lunch may be ordered up to the Monday morning of your camp week.

Please note the contact number for camp day is 902-835-5776

Maritime Dance Academy & Theatre School Camp Waiver

I understand that all Maritime Dance Academy programming includes physical activity in the form of a variety of sports and recreational activities. I agree that Maritime Dance Academy will not be held liable for any injury to my child, or loss or damage to my child's personal property. I understand that all items left behind will be thrown away, including but not limited to, clothing, shoes and water bottles.

In consideration of my child being allowed to participate Maritime Dance Academy & Theatre School programming, I, the parent/guardian of the child, on my own behalf and on behalf of my child, waive all present and future claims against Maritime Dance Academy, and its directors, coaches, employees, officers, servants, representatives, volunteers, insurers and agents (and their respective successors and assigns) (collectively, the "Releasees") and hereby release the Releasees from and against all liabilities, claims, actions, demands, costs and expenses relating to injury, illness, death, loss, damage to person or property or loss of property, foreseen or unforeseen, howsoever caused (including negligence of any one or more of the Releasees), arising out of or in connection with my child's participation in Maritime Dance Academy programming.

I, on my own behalf and on behalf of my child, also agree to indemnify the Releasees for, on account of or by reason of any claim advanced against any of them, or any loss or damage sustained by them, arising out of my child's participation in Maritime Dance Academy programming.

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment/ services necessary to maintain the health of my child. In the event of medication, medical advice, treatment and/or equipment are required; I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance. I agree that the medical information provided to Maritime Dance Academy on the program registration form may be disclosed to such emergency and health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to Maritime Dance Academy.

I have read and understood the terms of this agreement and BY ALLOWING MY CHILD to participate in Maritime Dance Academy programming; I am voluntarily agreeing to abide to these terms. I confirm that the participant I have registered on this form is physically and mentally able to participate in all Maritime Dance Academy programming. I agree to the terms and conditions outlined in this Guardian Permission/Liability Waiver. I agree that any photos or videos taken of my child by Maritime Dance Academy during this camp can be used for promotional purposes.

Acceptance of this waiver is indicated by the checking the box on the registration form.