

# Summer Arts

Creative Movement | Music Making | Visual Arts



509 Parliament Street, Toronto, Ontario, M4X 1P3 ♦ 416- 924-5657 ♦ [schoolofccdt@ccdt.org](mailto:schoolofccdt@ccdt.org) ♦ [theschoolofccdt.ca](http://theschoolofccdt.ca)

## Student Information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthdate: (MM/DD/YYYY) \_\_\_\_\_ Age as of Aug 3rd 2021: \_\_\_\_\_

Allergies/Medical Conditions/Medications: \_\_\_\_\_

## Parent/Guardian Information

Guardian 1's Name: \_\_\_\_\_ Guardian 2's Name: \_\_\_\_\_

Guardian 1's Email: \_\_\_\_\_ Guardian 2's Email: \_\_\_\_\_

Guardian 1's Cell: \_\_\_\_\_ Guardian 2's Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by / How did you hear about Summer Arts? \_\_\_\_\_

## Medical Release

I hereby certify that my child, \_\_\_\_\_ is in good physical condition and is able to participate fully in this program. All current medical conditions are outlined on this form. I understand the inherent risk involved in the physical activity of dancing, and I release SummerArts/The School of CCDT and its teachers from liability in case of accident or injury during the program. I understand all classes will be conducted in the safest possible manner by trained professional instructors. **If my child is injured during class time, they will notify the teacher immediately, cease dancing, and seek medical attention as needed. My child will not participate in class with an injury that prevents them from doing so safely.**

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo & Video Release

SummerArts/The School of CCDT may take photos and/or videos throughout SummerArts. These may be used for promotional purposes for SummerArts/The School of CCDT. **I waive all rights** to any photos/videos and allow them to be used for their intended purposes. I understand that **no fee or reimbursement** will be offered.

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you do NOT wish for photos/videos of your child to be used, please check here.

## COVID-19 Health & Safety Agreement

- If my child develops symptoms of COVID-19 including but not limited to fever, cough, sore throat, or difficulty breathing, they will remain home and we will contact our primary physician or Telehealth Ontario for guidance on COVID-19 testing, length of self-isolation period, and eventual clearance to return to the studio.
- If my child comes into contact with a confirmed or suspected positive case of COVID-19, they will remain home and we will contact our primary physician or Telehealth Ontario for guidance on COVID-19 testing, length of self-isolation period, and eventual clearance to return to the studio.
- If my child experiences either of the aforementioned scenarios, we will notify SummerArts/School of CCDT staff immediately, and provide updates as needed as the situation progresses.
- I understand that parents, siblings, visitors, etc. are not permitted inside the 509 DANCE building for the duration of SummerArts, with limited exceptions.
- I understand that my child will not be permitted to enter the 509 DANCE building or participate in any in-studio dancing without a secure face mask that covers the mouth, nose, and chin.

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Program Fee

Half-day Program (9:00am- 12:30pm) : \$200

Full-day Program (9:00am - 3:30pm) : \$300

Both programs run Tuesday August 3 - Friday August 6, 2021.

## Method of Payment (Please check one)

E-Transfer to [dlundmark@ccdt.org](mailto:dlundmark@ccdt.org) (please use password: SummerArts2021)

VISA/MC card number: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_ 3-Digit Code: \_\_\_\_\_  
(\$10.00 surcharge applies)

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Payments are non-refundable, except in the event the program must be cancelled due to circumstances beyond the control of The School of CCDT (e.g. COVID-19 lockdown)**

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## OFFICE USE ONLY

Date Received: \_\_\_\_\_

Fees Received Upon Registration: \_\_\_\_\_

Receipt # \_\_\_\_\_