

Complete both pages of registration form for each attendee, including payment, to:

12391 193B Street Pitt Meadows, BC V3Y 1A4, Canada or email to [info@fusiondanceco.com](mailto:info@fusiondanceco.com)

REGISTRATION / PAYMENT

\$1,295 (GST included) e-Transfer, Visa/MasterCard

**Camp includes**

Food, lodging, classes, activities, camp sweatshirt & T-shirt. A \$50 non-refundable administration fee is required at registration and is applied toward the total cost.

**Payment plan option (GST included)**

3 installments of e-Transfer or Visa/MasterCard  
May 15 - \$415.00 • June 15 - \$415.00 • July 15 - \$415.00  
Payment plan not available after May 15, 2026  
Full payment due by July 15, 2026

**All fees are non-refundable**

A detailed package will be sent to you upon registration

- e-Transfer full payment
- e-Transfer (3x for payment plan option)
- Visa / MasterCard (full payment)
- Visa / MasterCard (payment plan option)

**Send e-Transfer(s) to:** [info@fusiondanceco.com](mailto:info@fusiondanceco.com)

Credit Card #  /  /  /

Expiry Date  /

Total amount charged/enclosed

Signature

ATTENDEE & ACCOMMODATION INFO

Print attendee's name (herein referred to as camper)

Date of birth  Age at time of camp  Birthday occurs during camp dates ?

Do you dance with a studio? Y  N  If so, please specify

T-shirt size  YL  S  M  L  XL  
Sweatshirt size  YL  S  M  L  XL

Please confirm sizes with the camper before selecting. When in doubt, size up.

Roommate preference (limit two people)

Name  Age   
Name  Age

Camper's self-identified gender:

Fusion Dance Camp is held at Camp Hatkivah Lake Country BC

PARTICIPATION AGREEMENT & WAIVER/RELEASE

**PARENT/GUARDIAN AUTHORIZATION:** I give permission for camper to participate in all Fusion Dance Camp activities (herein referred to as Fusion). I understand that there are potential risks associated with any program requiring physical activity, including this one. I hereby do declare the camper to be physically sound, having medical approval to participate in the activities of the Fusion. I understand and agree that Fusion does not assume any financial responsibility for medical expenses and/or compensation for any injury that the camper may suffer during or resulting from participation in this program or any other activities at the Fusion dance camp location. I agree that it is my responsibility to receive clearance from the camper's physician before permitting the camper to participate in this or any physical activity. I further understand that neither Fusion nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that the camper is amenable to discipline and free from habits or attitudes, which would make him/her/they an undesirable participant. I have studied the this information and understand the contents thereof.

**EMERGENCY AUTHORIZATION:** I authorize any representative of Fusion to seek medical attention for the camper when immediate medical care is warranted by the circumstances and I cannot be reached, or if under the circumstances there is no time to attempt to reach me because of the nature of the injury or illness. I further authorize the health care professional selected by Fusion to provide the necessary care and treatment for the camper.

**PHOTOGRAPH/VIDEO AUTHORIZATION:** Fusion has my permission to use photographs/videos of the camper in Fusion promotional material.

**RELEASE AND WAIVER:** In consideration of camper's participation in the activities of Fusion, I do hereby agree to hold free from any and all liability Fusion and its respective officers, employees and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which hereinafter accrue to me arising out of or connected with camper's participation in any of the activities of the Fusion dance camp. Fusion Dance Company reserves the right to refuse registrations.

**SIGNATURE:** I certify that I am the parent or legal guardian of this camper and that I have authority to make the representations and grant the authorization contained herein.

Camper's name (printed)

Parent or legal guardian (printed)  Relationship to camper

Signature of the Parent or Legal Guardian  Date

## TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN

Camper's Name  Birth date  Wt.(kg) Parent/Guardian  E-mail Primary # (  )  Secondary # (  ) Address (City/Prov/Postal code)   
Alternate emergency contact (name/relationship) Primary # (  )  Secondary # (  ) Provincial health care card # Private insurance carrier name  Policy / group # 

CONTACT INFORMATION &amp; ATTENDEE HEALTH HISTORY

1. list any health issues/conditions   
2. Current medication(s) camper is taking (instructions, dose and frequency)   
3. Allergies camper has including reaction and/or use of epipen   
4. Operations or serious injuries (dates/explain)   
5. Specific activities to be encouraged or limited by physician's advice   
6. Name of Physician  Phone # (  ) 7. Food allergies or specific dietary needs (vegetarian etc.)   
8. While at Fusion the camper may receive common over the counter medications (i.e. Advil/Tylenol, Benadryl etc.) if deemed appropriate by the health care professional selected by Fusion. Y  N 

I understand that a Fusion staff member will be dispensing medication per the instructions of the parent and understand that medication will be distributed in accordance with the directions provided and that those directions may be conveyed to medical providers in case of an emergency. EMERGENCY AUTHORIZATION: I authorize any representative of Fusion to seek medical attention for my child when immediate medical care is warranted by the circumstances and I cannot be reached, or if under the circumstances there is no time to attempt to reach me because of the nature of the injury or illness. I further authorize the health care professional selected by Fusion to provide the necessary care and treatment for my child.

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed Fusion activities except as noted above.

Signature of the Parent or Legal Guardian   Date