Registration **2010-2011**

Last Name:	First name:
Date of birth: D/M/Y	Age:
Address:	
City:	Postal Code:
Telephone:	In case of emergency:
parents' email (if dancer under 18):	dancer's email:
Parent(s) names:	Siblings at Studio A:
School and Grade	Previous level at Studio A:

***Specific Conditions or Allergies**:* Please indicate any specific condition or allergy that could be significant: _____

Does the child require special medication/ carry an epipen? _____

Consent/ Release Form (to be completed by parent or guardian if dancer is under 18)

I, _____do hereby acknowledge: I consent (on behalf of my child)_____ to follow the instructional direction of the Studio program. I understand that with physical activity there is an inherent risk of injury. I hereby release Studio A and persons under this company, from any liability with respect to any injury that my child/ I may suffer during the course of his/her/my involvement in an instructional session or performance. I consent to photography, videotaping and it's/their release, publications, exhibition or reproduction of my son/daughter/ or myself to be used for public relations, news articles, telecast, websites or any other purpose used by Studio A.

_____

Date Signature

Class Selection

	Studio Location	Class	Day	Time of class	Length of class (# hours)
1					
2					
3					
4					
5					

Office use only: **Total training cost: _____$** **Total training hours per week : _____**

Payment by cash _____ Received by: _____ Receipt _____ Date _____

Payment by Chq # _____ Name on Chq_____ Amt of Chq_____ Date:_____

Chq # _____ Name on Chq_____ Amt of Chq _____ Date: _____