

DANCE CREATIONS 2017 Workshop Registration Form

Students Full Name: _____ Date of Birth: _____

Gender: _____ Age: _____ Primary Email: _____ Primary Phone No: _____

New Families please fill out/Returning families please fill out if there are any changes from last season

Full Mailing Address: _____

Mother's Name: _____ Cell Number: _____

Father's Name: _____ Cell Number: _____

Medical Information/Allergies (Describe): _____

Health Card Number: _____ Secondary Email: _____

If parents cannot be reached please contact: _____

How did you hear about us?: _____ Referral Name: _____

I will be attending the following workshop(s):

1. _____

2. _____

3. _____

Total amount owing: _____ Payment Method & Date: _____

I _____ give my daughter/son/self permission to participate in Dance Creations summer workshops. I acknowledge that there is a risk of injury in dance, and hereby release Natalie Di Michele and Dance Creations, all teachers, assistants, and other persons associated with Dance Creations Inc. from all liable actions that may occur from any activity that Dance Creations is involved with.

I _____ give Dance Creations permission to use photos, and videos of my daughter/son/self for promotional ads, websites, and brochures.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____