

# DANCE CREATIONS 2017-2018 Fall Recreational Registration Form

Students Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Primary Email: \_\_\_\_\_

**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: \_\_\_\_\_

### Classes Enrolled In:

Day	Class (Including Day, Level, Style, Age)	Instructor

### Payment Schedule:

	Amount	Total with HST	Date & Method of Payment
Family Registration	\$25.00	\$28.25	
Monthly Term Full Year Payment			
Online Streaming for Annual Recital	\$20.00	\$22.60	
Costume Deposit #1	\$75.00	\$84.75	
#2			
#3			

**Please Read Carefully and Sign/Initial**

I \_\_\_\_\_ have received and agree to read all the information in the Dance Creations Recreational Handbook, and give my daughter/son/self permission to participate in Dance Creations fall program. I acknowledge that there is a risk of injury in dance, and hereby release Natalie Di Michele and Dance Creations Inc., all teachers, assistants, and other persons associated with Dance Creations Inc. from all liable actions that may occur from any activity or travels that Dance Creations is involved with for the 2017-2018 dance season.

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

I give Dance Creations permission to contact me via email. \_\_\_\_\_ (Initial)

If the staff at Dance Creations is unable to get in contact with parents/guardians or the emergency contact listed. Do you give Dance Creations permissions to call Paramedics if needed?                      Yes                      No

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_