

Registration Form

**Please submit one form per student.

Student's Name _____

Age _____ Course (s) Attending: _____

Address _____

City _____ Province _____

Postal Code _____ Email: _____

Phone (_____) _____ - _____ * Please write a number where we can best reach you in case of emergency.

Work Phone or Cell Phone (_____) _____ - _____

Person Responsible for payment and Emergency Contact

(If different from above)

Name _____

Address _____

City _____ Province _____

Postal Code _____

Phone (_____) _____ - _____

Are there any medical or other conditions we should know about the student? Please list and explain.

Is there anything we should know about the student's personality or emotional state? Has something happened recently that needs special attention or consideration, such as a death in the family, traumatic experience? Is the student very shy and may need more/less attention than normal? If there is anything you think we should know and would prefer to talk about it in person, please call the director for an appointment.

My (child's) goals for dance are:

Waiver for Classes

Consent for Medical Treatment

Permission of a parent or legal guardian must be obtained before medical treatment of any kind can be rendered to persons under 18 years of age, if you are over 18 years of age, please disregard this portion of the form and complete the Indemnification Statement below. This consent form must be signed by a parent or legal guardian as evidence of your consent for treatment of the participant.

In the event that you, as parent or legal guardian, do not want treatment rendered under any circumstances, your signature, evidencing refusal of treatment is required below. I grant permission to the All Star Dance Studio & staff and/or its third party designees including All Star Dance Studio & Employees to administer first aid care as may be necessary for my son/ daughter.

(Signed)

(Relationship)

(Date)

I refuse permission to All Star Dance Studio & staff and/or its third party designees to administer first aid care as may be necessary for my son/ daughter.

(Signed)

(Relationship)

(Participant)

(Date)

All Star Dance Studio Indemnification Statement

I, [parent/legal guardian]_____, in full recognition and appreciation of the hazards and exposures involved do hereby voluntarily agree to assume all of the risks and responsibilities involving my/my child's participation in All Star Dance Studio and further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify and release and forever discharge the Board of Trustees of All Star Dance Studio and all of its officers, agents, employees and volunteers from and against any and all claims, demands, and actions, or causes of action of any sort on account of personal injury or death which may result from my/my child's participation in All Star Dance Studio.

I have read and executed this document with full knowledge of its significance.

(Signed)

(Relationship)

(Participant)

(Date)

Type of Dance: _____

Program: _____

Cost: _____