



# REGISTRATION FORM

CLASSES REGISTERED FOR:

\_\_\_\_\_

NAME \_\_\_\_\_

PARENTS  
NAME \_\_\_\_\_

LAST NAME ON  
CHQ \_\_\_\_\_

PHONE  
NUMBER \_\_\_\_\_

CELL  
NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT  
NAME \_\_\_\_\_

# \_\_\_\_\_

DOB d/m/y \_\_\_\_\_

AGE AS OF JAN 1 2011 \_\_\_\_\_

CARE CARD # \_\_\_\_\_

REG FEE \$ \_\_\_\_\_ cash /cheque

COSTUME DEPOSIT  
\$ \_\_\_\_\_ cash/cheque

PAYMENT FOR THE YEAR  
Sept- June chq \_\_\_\_\_ Chq #'s \_\_\_\_\_  
Cash \_\_\_\_\_

Other \_\_\_\_\_

Permission to post/publish any photos/videos  
taken in association to the studio  
Y \_\_\_ N\_\_\_ INITIAL \_\_\_\_\_

ARE THERE ANY ALLERGIES OR CONDITIONS WE SHOULD BE AWARE OF? (if yes, please explain) \_\_\_\_\_

I hereby certify that \_\_\_\_\_ is in good physical condition and is able to participate fully in this program. I understand the inherent risks involved in the physical activity of the program registered for and I release URBAN DANCE CONNECTION and its teachers, assistants, volunteers, owners, directors and managers from any and all liability actions or lawsuits arising from any activity or travel relating to the program.

I \_\_\_\_\_ have read the above release of liability & agree

X \_\_\_\_\_ Date \_\_\_\_\_