



Registration for Fall 2018-2019

Student Name: _____

Parent/Guardian: _____

Phone #: Home: _____ Work: _____ Cell: _____

Emergency Contact Name: _____ Phone#: _____

Address: _____ City/Town: _____

Postal Code: _____ Email Address: _____

Date Of Birth: Month _____ Day _____ Year _____

Medical Information: *In the space below I will note complete information about any condition (ie. allergies, asthma, epilepsy, injuries, physical / emotional / cognitive conditions, etc.) that the teacher(s) should know about, or that would be important information in case of an emergency.*

How did you hear about us?

Current Student KV Style/Valley Viewer Poster Friend Facebook Other

Declaration by Parent/Guardian

I waive any and all claims I may now and in the future have against, and release from all liability and agree not to sue The Studio Dance School, their officers, employees, leaders (volunteer or other), agents or representatives (collectively the "Released Parties") for any personal injury, death and property damages, expenses or loss sustained by me as a result of my participation due to any cause whatsoever, including, without limitation, negligence, breach of statutory duty including duties arising from occupier's liability legislation, on the part of the Released Parties.

Signature: _____

FOR OFFICE USE ONLY – Please do not write in this section

Class Fee \$ _____

HST \$ _____

Total \$ _____

Total Paid \$ _____

Receipt # _____

Invoice # _____

Class: _____

Level: A / A2 / B / B2 / C

Day: SAT / SUN / MON / TUE / WED / THURS / FRI

Time: _____

Studio: A / B / Black Box

Teacher:

Leigha / Andrea / Danielle / Karen / Holly / Victoria
Georgia / Tracey / Stephanie / Tori / Jill & Angela

Location: Rothesay / Saint John

Debit / Visa / MasterCard/ Cash / ___ cheques

Notes: _____

- Recorded in Class Lists
- Email Entered Online
- DOB Entered into Database