

Registration Form



348 Bronte St, Unit 9
Milton, Ontario
905 466 3391
www.danceetcmilton.ca

DANCE YEAR	
YEARLY	<input type="radio"/>
8 WEEK	<input type="radio"/>

PLEASE PRINT

Students First Name _____ Last Name _____

Date of Birth _____ / _____ / _____ Age _____ Sex: M F
Month Day Year

Address: _____ City _____

Postal Code _____ Email _____

Home/Cell Phone _____ Work Phone _____

Emergency Contact Phone _____ Contact Name _____

Health Concerns _____ Health Card Number _____

Previous Dance Experience _____

Class Choices

1st Choice
CLASS NAME _____ Day _____ Time _____ Cost _____

2nd Choice or
CLASS NAME _____ Day _____ Time _____ Cost _____

3rd Choice or
CLASS NAME _____ Day _____ Time _____ Cost _____

4th Choice or
CLASS NAME _____ Day _____ Time _____ Cost _____

General Release for all programs participants. On behalf of myself, my heirs, personal representatives, or assigns, or as the legal guardian of the minor registrant, do hereby release, indemnify and save a harmless, waive and forever discharge Dance Etc Milton, its directors, employees, volunteers from liability of any and all claims maintaining in personal injury, accident or illness (including death) and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises or equipment. I also authorize Dance Etc Milton Inc to obtain any medicare care deemed necessary in the event of an injury and agree to pay for any resulting medical expenses. By signing this form I acknowledge having read, understood and agreed to this waiver, releases and indemnity. CANCELLATION POLICY: 30 DAYS NOTICE IN WRITING www.danceEtcMilton@gmail.com

DATE REGISTERED _____ PARENT/GUARDIAN SIGNATURE _____

I acknowledged, read and will abide by the Policies and Procedures of Dance Etc Milton

Photos of your child registered with Dance Etc Milton, or its affiliates, may be used in advertising to promote programs/classes/events etc. offered by Dance Etc Milton. No personal information will accompany these photos. Parents/guardians please sign here if you wish your child (registered above) to be excluded from all advertising.

For Office Use Only

DANCE ETC MILTON _____

DANCE FEES		Cash <input type="radio"/> Cheques <input type="radio"/>		Last Name on Cheque _____ <small>(if different from Registrants Name)</small>													
Reg	Sept	Oct	Nov	Dec	TOTAL ELIGIBLE	Jan	Feb	Mar	April	May	June	July	Aug	TOTAL ELIGIBLE	Dance Costumes		