

GEORGETOWN DANCE COMPANY

STUDENT'S NAME _____

AGE _____ BIRTH DATE _____ # OF YEARS DANCE EXP. _____

PRIMARY CAREGIVER: MOTHER _____ FATHER _____ BOTH _____

PRIMARY TELEPHONE # _____ EMAIL ADDRESS _____

MOTHER'S NAME _____ CELL # _____

FATHER'S NAME _____ CELL # _____

ADDRESS _____

CITY _____ POSTAL CODE _____

EMERGENCY CONTACT _____ PHONE # _____

PHYSICIAN'S NAME _____

HEALTH CARD NUMBER _____

PLEASE LIST ANY HEALTH PROBLEMS/MEDICATIONS _____

HOW DID YOU HEAR ABOUT US? RETURNING DANCER _____ OTHER (pls specify) _____

CLASS(ES) - PLEASE LIST THE DAY/TIME AND CLASS YOU ARE REGISTERING FOR

REGISTRATION FEE: \$20 per household - to be handed in with registration form (non refundable)

RELEASE: In part consideration of permitting my child to participate in the activities at Georgetown Dance Company, I agree to insure my child against any injury or loss resulting from the activities or from traveling to and from these activities. I agree to indemnify and save harmless Georgetown Dance Company and its employees, agents and volunteers from all losses, damages, claims and demands occasioned thereby. I authorize Georgetown Dance Company and its employees, agents and volunteers to provide all medical care, which they deem necessary for my child in the event of injury or illness.

I understand that photos and/or videos may be taken of my child throughout the year and put on display and/or used in advertising.

I understand that after September 30th there will be no refunds for any tuition, costumes, rehearsal, entry fees etc (competitive classes only).

I understand that after October 14TH there will be no refunds for any tuition or costumes (recreational classes only).

I understand that a 2% monthly and/or 26.4% annual interest charge (from September) will apply to all payments that are unpaid.

I understand that a \$15 fee will apply to all dishonoured cheques.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____