



## STUDENT REGISTRATION FORM

STUDENT NAME	
DATE OF BIRTH	
MAILING ADDRESS	
PHONE	
EMAIL	
PARENT/GUARDIAN	
MAILING ADDRESS (if different from above)	
PHONE	
EMAIL	
EMERGENCY CONTACT (NAME AND NUMBER)	

### CLASS SELECTION

- BALLET             JAZZ             TAP  
 MUSICAL THEATRE             ACRO             HIP HOP

Allergies:	
Will your child require any special medical attenditon during normal class?	YES OR NO
If yes- please explain	

**More....**

**Liability and Assumption of Risk \***

I/we understand classes missed due to illness personal vacations will not be made up or refunded. Classes cancelled to due inclement weather are not subject to a make-up lesson unless otherwise decided upon by the teacher. I/we understand fees are due in full and are non-refundable.

I/we realize that participation in dance classes and activities could result in some possible personal injury. Despite precautions being taken by the studio, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces online and used by Chelsea's Dance Pac Ltd. .

I/we agree to release from responsibility Chelsea's Dance Pac Ltd. , including all teachers, dancers, staff members, and facilities online used by both entities from any cause of action, claims, or demands now and in the future.

I/we will not hold Chelsea's Dance Pac Ltd. , liable for any personal injury including: scrapes, bruises, cuts, sprains, fractures, broken bones, concussions or death or any personal property damage/loss, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behaviour in addition to any damage I/we may cause to the facilities utilized by Chelsea's Dance Pac Ltd. . In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to Directors, instructors or staff members as soon as possible.

I/We understand that Chelsea's Dance Pac Ltd. requires 30 days notice to withdraw from a program, and all fees are non-refundable.

I have read and understand Chelsea's Dance Pac Ltd. Liability Waiver, and Policies and Procedures which is available online.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*\*ADMIN ONLY\*\***

[ ] Recorded [ ] Paid in full [ ] Monthly with PAD/Post dated cheques

Processed by:

Notes: