



STUDENT REGISTRATION FORM

STUDENT NAME

DATE OF BIRTH

MAILING ADDRESS

PHONE

EMAIL

PARENT/GUARDIAN

MAILING ADDRESS

PHONE

EMAIL

EMERGENCY CONTACT
(NAME AND NUMBER)

CLASS SELECTION

{ BALLET JAZZ TAP ACRO HIP HOP MUSICAL THEATRE SUMMER CAMP

ALLERGIES

WILL YOUR CHILD REQUIRE ANY SPECIAL MEDICAL ATTENTION DURING CLASS YES NO

IF YES PLEASE EXPLAIN

LIABILITY AND ASSUMPTION OF RISK*

I/we understand classes missed due to illness or personal vacations will not be made up or refunded. Classes cancelled due to inclement weather are not subject to a make-up lesson unless otherwise decided upon by the instructor. 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 all spaces used by Chelsea's Dance Pac, Innisfil, from responsibility Chelsea's Dance Pac, Innisfil, including all teachers, dancers, staff members, and facilities 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, Innisfil, 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 behavior in addition to any damage I/we may cause to the facilities utilized by Chelsea's Dance Pac, Innisfil. If 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 all fees are non-refundable.

I have read and understand Chelsea's Dance Pac Ltd. Liability waiver, policies and procedures are available on the website at chelseasdancepac.net

Signature _____

Date _____

****ADMIN ONLY****

Recorded Paid in full Monthly with postdated cheque Direct credit card
withdrawal

Processed by :

Notes: