

PORT PERRY DANCE ACADEMY LTD.

Unit 5 27 Easy Street Port Perry Ontario L9L 0A1

Tel. (905) 985-5081

BALLET INTENSIVE STUDENT REGISTRATION FORM

Date of Registration: _____

Returning Student

New Student

STUDENT INFORMATION

Name of Student: _____ Date of Birth: _____ / _____ / _____
dd mm yy

Mothers full name: _____ Work #: _____
Fathers full name: _____ Work #: _____
Address: _____ City: _____
Postal code: _____
Home phone: _____
E-Mail address: _____

Previous Dance experience? (if yes, please elaborate) _____

Are there any medical conditions that the studio should be made aware of?

In the case of emergency, please list two people we can contact.

Name: _____ Telephone No. _____
Relationship: _____

Name: _____ Telephone No. _____
Relationship: _____

How did you hear about the Ballet Intensive?

Port Perry Star Port Perry This Week Word of Mouth Web Returning Student
 Other _____

WAIVER

The above student releases and discharges PORT PERRY DANCE ACADEMY LTD. and teachers from any and all actions, causes of action, for damage, loss or injury, arising which may be sustained by me/child in consequence of

my membership in the school. I also agree that PORT PERRY DANCE ACADEMY LTD. shall not be held responsible for any loss or theft of the applicant's personal possessions.

Dated this _____ day of _____, 2003.

| Classes | Full Session (Please Tick) | If Not Full Session Please list Dates | Fee (Due By June 30 th) |
|-------------------------|-------------------------------|---------------------------------------|-------------------------------------|
| RAD Grade 2 | | | |
| RAD Intermediate | | | |
| Pilates | | | |
| Intermediate Foundation | | | |
| Total | | | |

Declaration of parent (or student if 18years or over): I understand that participation in the program is subject to fees being received by the due date. No exceptions unless satisfactory prior arrangements are made with the Directors of the academy.

I have read, understand and agree to honour the policies and procedures of the Port Perry Dance Academy.

I understand that non-captioned photographs of my child may be used in promotional materials.

Signed _____ Date _____

| |
|-----------------|
| For Office Use: |
|-----------------|