



The Centre for DANCE
(905) 770-0717

Registration Form 2016-2017

Please complete one per student. Fees, postdated in four cheques for the year must accompany this form to complete registration. Make sure you have read our policies and have filled out Consent for use of photos page. Class placement is at the discretion of the director.

Student Name:

Birth date and birth year:

Address:

City:

Postal Code:

for news and up to date info **E mail:**

Telephone #:

Cell Phone #:

Business Phone #:

Your Programme

Dance Style or Technique: (please indicate with a check mark)

Acro Ballet Contemporary/Modern Hip Hop Jazz Jr Sprouts/Creative
 Adult Ballet Adult Modern

Stream of Study: Recreational Exam prep Competitive

Your Dance Skill Level or Grade: Ballet____ Modern____ Hip hop____ Acro____ Jazz____

Extra tech you would like to learn but do not see on the schedule: _____

Previous dance or related experience:

Certificates held, if any:

Any health conditions, or allergies:

Person(s) to contact in case of emergency:

Waiver

Dance is a physical, technical and artistic training requiring adequate health and focus of the student at each class. As with any physical activity, there is a risk of injury. Any question concerning the health of your dance student should be brought to the attention of an appropriate physician for assessment and care.

I _____ hereby declare that I will not hold Claire Pigott, nor her agents, nor any of her staff nor representatives, nor the Richmond Hill United Church liable for loss or injury to my person or property, or to those persons related and or known to me, however caused.

Signature..... **Date**.....

I have read and accept school policies regarding uniforms, attendance and punctuality, payments and refunds, and I understand the expectations for student and parent/caregiver conduct in the studio and the recommendations for student success.

Student & Parent Signatures..... **Date**.....