



Registration Form

Student Name: _____ Date of Birth: _____

Mailing Address: (Please include Postal Code)

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Email: _____

MCP #: _____

Any medical issues: _____

Please select the classes you are interested in taking:

- | | | | |
|-----------------------|--------------------------|----------------------|--------------------------|
| Freestyle Ballet | <input type="checkbox"/> | Tap | <input type="checkbox"/> |
| Pointe | <input type="checkbox"/> | Acro Jazz | <input type="checkbox"/> |
| Cecchetti Syllabus | <input type="checkbox"/> | Contemporary | <input type="checkbox"/> |
| Music/Movement (3yrs) | <input type="checkbox"/> | Hip Hop | <input type="checkbox"/> |
| Pre-Ballet | <input type="checkbox"/> | Broadway | <input type="checkbox"/> |
| Jazz | <input type="checkbox"/> | Moms and Tots (2yrs) | <input type="checkbox"/> |
| Irish Step | <input type="checkbox"/> | | |

Please return this form to the studio.

Release Form:

I hereby certify that my child is in good physical condition and able to participate fully in this program. All current conditions requiring medication are outlined above.

I release The Dance Centre and any teachers from liability in case of accident or injury. I understand that class will be conducted in the safest possible manner by the instructors.

I understand that The Dance Centre may use photos taken at the school or at school events for promotional purposes and for use on the school website.

Signature: _____ **Date:** _____

