10 Week Registration Form Session __

Please complete all necessary information.

Surname: _____ First Name: _____ Age: _____

Date of Birth: _____ Home Phone: _____

Address: _____
Street Town Postal Code

Parents Names: _____

Email Address: _____

Emergency Contact: _____Phone #: _____

Classes Registered:

1. Type_____ Day _____Time _____ $_____
2. Type_____ Day _____Time _____ $_____
3. Type_____ Day _____Time _____ $_____

Health Information: **Chq#_____TOTAL$_____**

Family Doctor:_____Phone #:_____

Drugs/Allergies/Others: _____Health Card #:_____

I hereby give permission to hospital staff to administer all reasonable and necessary care in case of injury or illness to my child, while in the care of the Grand River Dance Academy.

_____
(Parent or Guardian if under 18 yrs.) Date