

## REGISTRATION FORM 2018 - 2019

To register for the Guelph Academy of Dance, please complete the information listed below.  
 Class requests are on the reverse of this form

Family Information	
Family's Last Name:	
Home Telephone Number:	
Primary Email Address:	

Mailing Information	
Street:	
City, Province:	
Postal Code:	

Student Information	
1. Name:	Age as of December 31 <sup>st</sup> , 2018:
Date of Birth (mm/dd/yyyy):	Allergy/Health Info:
Female/Male:	
2. Name:	Age as of December 31 <sup>st</sup> , 2018:
Date of Birth (mm/dd/yyyy):	Allergy/Health Info:
Female/Male:	
3. Name:	Age as of December 31 <sup>st</sup> , 2018:
Date of Birth (mm/dd/yyyy):	Allergy/Health Info:
Female/Male:	

Contact Information	
<b>Parent/Guardian</b> Name:	
Work Phone Number:	
Cell Phone:	
<b>Parent/Guardian</b> Name:	
Work Phone Number:	
Cell Phone:	
<b>Emergency Contact</b> Name:	Phone Number:
Relation to Student:	
<b>Doctor</b> Name:	
Phone Number:	

# CLASS REQUESTS for 2018 - 2019

## 1. Child's Name:

Class Name: \_\_\_\_\_ Day and Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day and Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day and Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day and Time: \_\_\_\_\_

## 2. Child's Name:

Class Name: \_\_\_\_\_ Day and Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day and Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day and Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day and Time: \_\_\_\_\_

## 3. Child's Name:

Class Name: \_\_\_\_\_ Day and Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day and Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day and Time: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day and Time: \_\_\_\_\_

### Waiver – Please read carefully

The undersigned agrees to save harmless, indemnify and release the Guelph Academy of Dance (the "School"), its proprietor, employees, volunteers, administrators and assigns (the "Releasees") from and against liability and actions including but not limited to any act, error or omission on the part of the Releasees. The undersigned acknowledges the risks of the instructional program and voluntarily assumes all such risk.

The undersigned further covenants and agrees not to join or assist in any manner with any other person in the making of any claim or demand against the Releasees arising out of or in relation to the matters here-in-before remised, released and/or discharged. The Releasees further covenant and agree not to make any claim against any third party including but not limited to Jaral Holdings Inc. and the facility for damages that are caused or arise from the participation and during the instructional program of the school.

The undersigned authorizes the School to take all reasonable steps to respond to a medical or other emergency, including but not limited to the providing of immediate first aid and obtaining professional medical assistance.

Photographs may be used by the school for advertising: \_\_\_\_\_  
Initial please

I have read, understand and agreed to the foregoing terms and conditions.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date