



**The Martha Hicks School of Ballet Inc.**

2384 Yonge St. West Side 2<sup>nd</sup> Floor, Toronto, ON, M4P 3J5  
 Phone: 416.484.4731 e-mail: office@mhsb.ca

**Registration Form  
(2012-2013)**

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| <p><b>Family Surname:</b></p><br><br><br><br><br><br><br><br><br><br><p><i>For Office Use Only</i><br/>         Confirmation Email</p> <p><input type="checkbox"/> Emailed      <input type="checkbox"/></p> |
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To register with The Martha Hicks School of Ballet (herein after "the School") for the 2012-2013 school year, please complete the information listed below.

| Family Information  |   |
|---|---|
| Last Name:  | Home Phone:   |
| Primary email address where information for parents should be sent: | Alternate email address where information for parents should be sent: |
| Primary email account holder's relation to student (eg Mom, Dad):   | Alternate email account holder's relation to student (eg Mom, Dad):   |
| <input type="checkbox"/> I do not have an email address             |   |

| Student Information                   |           |                       |           |               |                       |
|---------------------------------------|-----------|-----------------------|-----------|---------------|-----------------------|
| First Name                            | Last Name | Birthday (mm/dd/yyyy) | Allergies | Special Needs | School Attended/Grade |
| <i>Please add new students below.</i> |           |                       |           |               |                       |
| New                                   |           |                       |           |               |                       |
| New                                   |           |                       |           |               |                       |
| New                                   |           |                       |           |               |                       |
| New                                   |           |                       |           |               |                       |
| New                                   |           |                       |           |               |                       |

| Address Information   |                |      |          |             |                               |                 |
|---|----------------|------|----------|-------------|-------------------------------|-----------------|
| Type  | Street Address | City | Province | Postal Code | Family Member at this Address | Billing Address |
| <i>Please add address information below.</i>  |                |      |          |             |                               |                 |
| Main  |                |      |          |             | <input type="checkbox"/>      |                 |
| <i>To specify an additional address where information for parents should be sent please add the address below.</i>  |                |      |          |             |                               |                 |
| Alternate   |                |      |          |             | <input type="checkbox"/>      |                 |
| <i>Please check the Billing Address checkbox above for the address to which financial information should be sent. To specify a different address where financial information should be sent please add the address below. If not specified, financial information will be sent to the main address.</i> |                |      |          |             |                               |                 |
| Billing   |                |      |          |             | <input type="checkbox"/>      |                 |

**Contact Information**

| Relationship to Student                                    | First Name | Last Name | Home Phone | Work Phone & Extension | Cell                     | Billing Contact |
|--|------------|-----------|------------|------------------------|--------------------------|-----------------|
|  |            |           |            |                        | <input type="checkbox"/> |                 |
|  |            |           |            |                        | <input type="checkbox"/> |                 |
|  |            |           |            |                        | <input type="checkbox"/> |                 |
|  |            |           |            |                        | <input type="checkbox"/> |                 |
| <b>Please ensure we have an emergency contact on file.</b> |            |           |            |                        |                          |                 |
| <b>Emergency Contact</b>                                   |            |           |            |                        |                          |                 |
| <b>Doctor</b>  |            |           |            |                        |                          |                 |

**WAIVER - PLEASE INITIAL IN BOX**

The undersigned agrees to save harmless, indemnify and release the School, its officers and directors, employees, volunteers, successors and assigns (the "Releases") from any liability, cause of action or damages howsoever caused, including but not limited to any act, error or omission on the part of the Releases. The undersigned acknowledges the risks of the instructional program and voluntarily assumes all such risk.

The undersigned agrees to release the Fairlawn Heights United Church, Lawrence Park Community Church, and Armour Heights Presbyterian Church, or other third party facilities, their staff and members from all claims for damages that are caused by or arise from the participation of the registrant named herein 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.

I have read, understood and agree to the foregoing terms and conditions.

\_\_\_\_\_  
Signature of Parent or Authorized Guardian

\_\_\_\_\_  
Date

The undersigned acknowledges that the information collected above is required to complete the registration process and will be used for the following purposes: to prepare class or group lists, to assess the experience and skill level of the student, to contact parents and guardians in case of emergency or at other times, to keep you informed of School news and events, and to maintain accounting and business records. The undersigned consents to the collection and use of this information by the School.

I have read, understood and agree to the terms and conditions as outlined in the Studio Policy, and Withdrawal Policy. These documents are available to review or download at [www.mhsb.ca](http://www.mhsb.ca).

\_\_\_\_\_  
Signature of Parent or Authorized Guardian