



Dance Etc. - Milton Registration

Student First Name: _____
Please Print

Last Name _____

Date of Birth: ____ / ____ / ____ /
Month Day Year

Age: _____ Sex: M F

Address: _____ City: _____

Postal Code: _____ Email: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Phone: _____ Contact Name: _____

Health Concerns: _____ Health Card Number: _____

Previous Dance Experience: _____

CLASS CHOICES

1st CHOICE
 Class Name: _____ Day: _____ Time: _____ Cost: _____

2nd CHOICE
 Class Name: _____ Day: _____ Time: _____ Cost: _____

3rd CHOICE
 Class Name: _____ Day: _____ Time: _____ Cost: _____

GENERAL RELEASE FOR ALL PROGRAMS PARTICIPANTS; On behalf of myself, my heirs, personal representatives, or assigns, or as the legal guardian of the minor registrant, do hereby release, indemnify and save harmless, waive and forever discharge Dance Etc. Milton, it directors, employees, volunteers from liability for any and all claims resulting in personal injury, accidents or illness (including death) and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises or equipment. I also authorize Dance Etc. Milton to obtain any medical care deemed necessary in the event of an injury and agree to pay for any resulting medical expenses. By signing this form, I acknowledge having read, understood and agreed to this waiver, releases and indemnity.

Date Registered: _____ Parent / Guardian Signature: _____

I have read and will abide by the Policies and Rules/Regulations

FOR OFFICE USE ONLY

Cheque Cash VOID # _____ Authorized Signature: _____

Dance Fees

Sept. _____ Oct. _____ Nov. _____ Dec. _____ Jan. _____

Feb. _____ March. _____ April. _____ May. _____ June. _____