

# CREATIVE EDGE DANCE ACADEMY

## 2017/2018 Registration Form

Dancers Name: \_\_\_\_\_ Female: \_\_\_\_ Male: \_\_\_\_

Birth date (DD/MM/YY) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Cell#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*A 4x6 photo is required if your child has any allergies or disabilities.

1. Please list any allergies: \_\_\_ N/A, if yes: \_\_\_\_\_

2. Does your child have any physical/psychological limitations, injury or weaknesses that we need to be aware of: \_\_\_ N/A \_\_\_ Behaviour \_\_\_ Autism \_\_\_ Physical Limitations \_\_\_ Other

3. Does your child require an assistant: \_\_\_\_\_

Disney Dance Camp: \_\_\_\_ Recreational Dance Camp: \_\_\_\_ Summer Intensive: \_\_\_\_

Fall Term: \_\_\_\_ Winter Term: \_\_\_\_ Spring Term: \_\_\_\_ (\$200+HST/Term/Class)

Classes Registering in: \_\_\_\_\_

I authorize Creative Edge Dance Academy to use photographs, videos, and/or other likenesses of my child for use in its promotional materials or sales and waive any rights of compensation or ownership thereto.

Yes: \_\_\_\_ Initial: \_\_\_\_ No: \_\_\_\_ Initial: \_\_\_\_

I have read through the Creative Edge policies, rules and injury release and agree with them.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature