

Registration Form

Dancers Name: _____ Female: ____ Male: ____

Birth date (DD/MM/YY) _____

Home Address: _____ City: _____

Prov: _____ Postal code: _____ Home Phone #: _____

Email: _____

Parent/Guardian Name: 1. _____ Cell#: _____

2. _____ 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 ___ Behavior ___ Autism ___ Physical Limitations ___ Other

3. Does your child require an assistant: _____

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.

Parent/Guardian Signature: _____ Date: _____