



# REGISTRATION - YEAR 2010-2011

Dancer's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_  Female  Male  
Day Month Year As of Sep 1/10

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ P.C. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ P.C. \_\_\_\_\_

Phone #'s \_\_\_\_\_ Mom's Home \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Dad's Home \_\_\_\_\_ Dad's Cell \_\_\_\_\_

E-Mail Addresses: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ OHIP \_\_\_\_\_

Medical Conditions \_\_\_\_\_ Allergies \_\_\_\_\_

**Are you a current student at Dance Vision?** How many years \_\_\_\_\_

**Would you like to be a competitive student?** \_\_\_\_\_ (yes or no)

### How did you hear of Dance Vision?

Postcard ~ Newspaper Ad ~ Yellow Pages ~ Website ~ Referral ~ Business Sign (Please Circle)

### **Classes: Ballet ~ Jazz ~ Hip Hop ~ Tap ~ Stage ~ PreDance ~ KinderDance ~ Lyrical**

Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_

Dance fees are payable by MasterCard, Visa, Debit, Cash or Cheque and due at registration. The Recital Costume Deposit is payable by cheque or cash. Please see the Dance Vision Information Sheet for details.

As a parent or guardian, I have received and read the information sheets explaining fees, studio policies, recital costumes and the requirements for dress code. I am aware that I need to keep my receipts for my child's dance lessons for the Children's Fitness Tax Credit. I give Dance Vision Inc. permission to use my child's photograph in newspapers or any advertising that promotes the studio.

Dance Vision Inc. and/or its agents assume no responsibility for accidents or injuries, however caused, and the applicant agrees to release the proprietors from all claims or damages arising as a result of such accidents or losses nor theft or loss of clothing/equipment while in the studio.

**Parent Signature** \_\_\_\_\_

### FOR OFFICE USE ONLY

Reg Fee: \$15 \_\_\_\_\_ C/Ch/Visa/MC/Debit (Full Payment) Full Payment: \_\_\_\_\_ C/Chq/Visa/MC/Debit  
\$25 \_\_\_\_\_ C/Ch/Visa/MC/Debit (Post-Dated Cheques)

9 Installment Payments ~ Cheque Amount: \_\_\_\_\_ Name on Ch/Visa/MC/Debit: \_\_\_\_\_

Cheques Submitted: 1<sup>st</sup> \_\_\_\_\_ OCT NOV DEC JAN FEB MAR APR MAY

# of Classes: \_\_\_\_\_ Other Family Member \_\_\_\_\_

Costume Deposit(s): Cash \_\_\_\_\_ -or- Chq #1 \_\_\_\_\_ #2 \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_