



Student Registration Form

New Student

Returning Student

Family Name of Participant(s) _____

Full Mailing Address:

Street: _____ City: _____

Province: _____ Postal Code: _____

Home Phone Number: _____ Cell # _____

Email Address: _____

Mothers Name: _____ Work Phone Number: _____

Fathers Name: _____ Work Phone Number: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Phone Number: _____

STUDENT #1	STUDENT #2	STUDENT #3
Name: _____ DOB: _____ Age: _____ Medical Info: _____	Name: _____ DOB: _____ Age: _____ Medical Info: _____	Name: _____ DOB: _____ Age: _____ Medical Info: _____
Classes	Classes	Classes
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.

I authorize TDI to provide such medical care to the person listed above, as it may deem necessary in the event of injury or otherwise, and agree to pay for all expenses incurred thereby. In part consideration of TDI permitting me or the person listed above to participate in activities of dance I agree to release and discharge and to indemnify and save harmless TDI against all claims or proceedings by whomsoever made or brought, in respect of any costs, losses, damage or injury arising by reason of my/their participation in such activities, or by reason of the provision of medical care to me/them.

I acknowledge that I have read and agree to all policies at Total Dance Innovations.

Signature: _____ Date: _____