



1-845 WESTNEY ROAD SOUTH – AJAX, ON – 905•683•1269 – WWW.DANCEINC.CA

**FAMILY REGISTRATION FORM**

*(Please print clearly)*

**ARE YOU A NEW STUDENT TO DANCE INC.? YES NO** How did you hear about us? \_\_\_\_\_  
*(Please circle one)*

**FAMILY NAME:** \_\_\_\_\_

**DANCER 1:** \_\_\_\_\_ **DATE OF BIRTH (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**DANCER 2:** \_\_\_\_\_ **DATE OF BIRTH (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**DANCER 3:** \_\_\_\_\_ **DATE OF BIRTH (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**HOME PHONE NUMBER: ( )** \_\_\_\_\_

**FAMILY EMAIL ADDRESS:** \_\_\_\_\_

**PARENT/GUARDIAN 1: Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

**PARENT/GUARDIAN 2: Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*(Other than above Parent/Guardian contact)*

**FAMILY PHYSICIAN:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**HEALTH CARD NUMBER**

**1:** \_\_\_\_\_ **2:** \_\_\_\_\_ **3:** \_\_\_\_\_

**DOES YOUR DANCER(S) HAVE ANY MEDICAL CONDITIONS, ALLERGIES, OR OTHER SPECIAL NEEDS WE SHOULD KNOW ABOUT:**

**RELEASE:**

I have read and agree to the registration information, policies and principles of Dance Inc. I hereby release Dance Inc., Jeff and Breanne Wong, all teachers, staff, employees, and classroom assistants from any and all liability actions, negligence or lawsuits arising from any activity while in the studio, while using the studio facilities or in studio vicinity and/or in relation to any travels conducted by Dance Inc., including dance competitions attended by Dance Inc. I hereby allow Dance Inc. to use photos of myself and/or my children for promotional use at any time.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_