

Fall Registration Form

Students Name: _____ Age _____

Address: _____ Birthdate _____

City: _____ Postal Code _____

Phone Number (____) _____ - _____ Cell # (____) _____ - _____

Email Address _____

Mothers Name: _____ Fathers Name _____

Emergency Contact: _____ Phone # (____) _____ - _____

A Couple of Quick Questions:

Are you a returning Student: YES NO

If no, please answer the following questions...

1. How did you hear about Take 5?

Newspaper (Whitby This Week) Town Crier Sign Flyer Word of Mouth

2. Have you ever danced before? If so, how long and Where?

Student/Class Withdrawal Policy

Our office must be notified in writing (letter or email) at least one week prior to the due date of the next term payment if a student is wishing to withdraw or is released from the studio. If a student withdraws or is released from the school after the commencement of the term, there will be NO refund given for the unused portion of that term. Balance of post-dated cheques will be returned or destroyed (whatever you choose).

Signature _____ Date _____

PLEASE COMPLETE BACK OF PAGE

PICTURE/NAME WAIVER

I hereby give permission to the Take 5 Dance Studio to use my son/daughters name and picture.

RELEASE AND WAIVER

In consideration of Take 5 Dance Studio, accepting this application, I, for myself, my heirs, executors, administrators and assigns, release Take 5 Dance Studio, it's respective servants, agents and employees from any claims, demands, damages, actions or causes of actions whatsoever arising out of or in consequence of the noted student participating in a dancing lesson/course or any other activity relating to the Take 5 Dance Studio, including, but not limited to claims, demands, damages, actions notwithstanding that any such loss, injury or damage may have arisen by reason of negligence or Take 5 Dance Studio, it's servants, agents, or employees. Without limiting the generality of the foregoing, I further release any recourses which I may now or hereafter have resulting from any decisions or activities of the Take 5 Dance Studio. For the aforesaid consideration, I agree to indemnify Take 5 Dance Studio, it's servants, agents, or employees form any claims or demands which might be made against the Take 5 Dance Studio, arising out of or in consequence of the attendance or participation by the student in a dance lesson/course or any other activity of Take 5 Dance Studio. If this release and waiver is signed by any other person than the student, I represent and warrant that I am the parent or legal guardian of the student, the student is under the age of eighteen (18) years, and I have full legal right and authority to sign the waiver on behalf of the student.

(Signature of Parent or Guardian if student is less than eighteen years of age)

(Signature of student, if eighteen years of age or older)

HEALTH INFORMATION

Student Name: _____

Health Card Number: _____

Allergies and/or other important information or condition we should know about?
