



THE DANCE PAC
REGISTRATION FORM

FALL/WINTER
2009-2010

Date: _____

New Student

Continuing Student

PLEASE PRINT CLEARLY

Student Name: _____

Address: _____ Town/City: _____

Postal Code: _____ Home Phone: _____

Birth Date: ___/___/___ **EMAIL ADDRESS:** _____

D M Y

Mobile: _____

Age as of September: _____

Mother's Name: _____ Employer: _____ Work: _____ Ext. _____

Father's Name: _____ Employer: _____ Work: _____ Ext. _____

Emergency Contact (Name): _____ Phone: _____

Dr. Name: _____ Phone: _____

Health Card No.: _____

Allergies / Medical Conditions: _____

Previous Place of Study: _____

Previous Level / Company Standing: _____

Years of Training: _____

Previous dance forms taken: Jazz Acro Ballet Pointe Musical Theatre
Hip Hop Lyrical Tap Modern

New Students: I learned about the Dance PAC through:

Competitions **Recital** **Brochure** **Website** **Friend** (Please let us know your friend's name so we can give them a credit)

Refunds will be issued up to October 13, 2008. No refunds will be issued after this date. No refunds on registration fees or any service charges applied to payments.

Signature: _____

Release: I hereby release The Dance PAC from all claims for damage arriving from any accident or injury which is caused by or arrives from participation of the applicant hereon during any program or in any location where a program is being held. The Dance PAC assumes no responsibility for articles lost or stolen.

