

JILL DREADDY DANCECO – 2011/2012 REGISTRATION FORM

Complete, sign and return with payment (one per student)

STUDENT'S FIRST NAME		STUDENT'S LAST NAME	
MAILING ADDRESS			
POSTAL CODE			
Home Ph #		Cell	Work
Email			
MEDICAL CONDITIONS/MEDICATON			
PREVIOUS DANCE EXPERIENCE			
A parent/guardian must complete the fields below for students under the age of 19yrs			
STUDENT'S AGE		DATE OF BIRTH	
PARENT'S NAMES	1.	2.	
HOME PHONE #	1.	2.	
WORK	1.	2.	
CELL	1.	2.	
EMAIL	1.	2.	

I am registering for the following classes (if you are taking more than 6 please add on back):

CLASS NAME	DAY	TIME	LOCATION
1			
2			
3			
4			
5			
6			

To ensure your space in class please complete and sign the registration form and return it with:

1. \$15 admin fee + Term 1 payment accompanied by postdated cheques for Term 2 & 3. Please include costume deposit(s) with December's payment.

- **I have read and agree to the 2011/2012 Fee Schedule, Policies and Recital Commitment.**
- **I give permission to JDD to use video or photographs of me for promotional use.**
- **I release Jill Dreddy Danceco Inc. and any teachers from liability in the case of accident or injury. I understand that classes will be conducted in the safest possible manner by the instructors.**

_____ Date

_____ Signature (Parent/Guardian Signature if under 19yrs)