

# Fascination Dance Studio

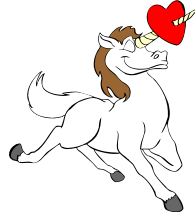
2012-2013 Season

6 Clairmont St Unit 2, Thorold, L2V 1R1

Tel: 905-227-8307 fax: 905-227-1071

www.fascinationdancestudio.com

fascinationdance@bellnet.ca



- Tap       Jazz       Ballet       Modern       Lyrical       Hip Hop       Acro       Pointe       Musical Theatre

Name of Student: \_\_\_\_\_  
(First) (Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo.) (day) (yr.)

Address: \_\_\_\_\_

Age: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Tel: ( ) \_\_\_\_\_

Mothers Name \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's cell # ( ) \_\_\_\_\_

Fathers's cell # ( ): \_\_\_\_\_

Email address: \_\_\_\_\_

Previous Dance Experience? (Include discipline & number of years) \_\_\_\_\_

How did you hear about Fascination Dance Studio? \_\_\_\_\_

Any medical conditions, developmental issues, allergies, recent illnesses or operations? \_\_\_\_\_

We have read and understood the registration information and the policies of the school and agree to abide by them. We acknowledge that there may be use of photo/digital/video images of my child/self for recital, school brochures, displays or advertising purposes in the sole discretion of Fascination Dance Studio. We acknowledge that there is a risk of injury involved in the activity for which we are registering. We hereby accept that risk and in consideration of Fascination Dance Studio accepting this registration, we hereby release Fascination Dance Studio from all claims of any kind whatsoever which may arise. We understand that the above information will not be released to a third party upon exemption of requiring services from a collection agency.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Guardian Signature