

Fascination DANCE STUDIO

6 Clairmont St Unit 2 Thorold, L2V 1R1
Tel: 905-227-8307 Fax: 905-227-1071
www.fascinationdancestudio.com fascinationdance@bellnet.ca

Choose your dance(s):

Tap Jazz Ballet Modern Lyrical Hip Hop Acro Pointe Musical Theatre

Name of Student: _____
(First) (Last)

Date of Birth: ____ / ____ / ____
(month) (day) (year)

Address: _____

Age: _____

City: _____

Postal Code: _____

Home Tel: (____) _____

Parent/Guardian #1: _____

Parent/Guardian #2 _____

Cell #1 (____) _____

Cell # 2 (____) _____

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, website, facebook page 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 thus 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. We consent to receiving any and all email notices sent out by the Fascination Dance Studio.

Date

Parent or Guardian Signature