REGISTRATION FORM
2017-2018

FOR OFFICE USE ONLY	
Reg. Date:	CO:
SD:	
QB1:	HRS:
QB2:	CC:
QB3:	CR:

Student Name	Date of Birth
Street Address	Postal Code
City	Student Cell Phone
Mother's Name ☐ *Check if Primary Contact*	Father's Name ☐ *Check if Primary Contact*
Mother's Cell Phone	Father's Cell Phone
PRIMARY Email Address: ***please print clearly!*	Home Phone

Emergency Contact *(other than parents) **Name, Relationship, Phone*

Medical Conditions, Allergies, Important Information:

How did you hear about us? **please specify who referred you*

Method of Payment:

☐ VISA
☐ MASTER CARD

Card # _____ - _____ - _____ - _____

Expiry Date _____ / _____
mm *yyyy*

☐ Post-dated cheques (made payable to "All That Dance Studios Inc.")
☐ Debit
☐ Cash

I hereby confirm that I am the authorized user of the above noted visa card. As such, I authorize All That Dance to post payment to my visa card for current billings as well as invoiced amounts pertaining to first term, second term, and additional invoices. ALL THAT DANCE STUDIOS INC. reserves the right to cancel this application or withdraw a student from classes or competition at which time no refunds will be issued for costumes, entry fees, or classes to date. We have read and understood the registration information and the policies of the school and agree to abide by them. 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 ALL THAT DANCE STUDIOS INC. accepting this registration, we hereby release ALL THAT DANCE STUDIOS INC. from all claims of any kind whatsoever which may arise. I authorize the use of photo images of my child for school brochures or advertising purposes in the sole discretion of All That Dance.

Parent Signature	Date

Please register me for