



# Strathcona School of Dancing

**REGISTRATION 2011/2012  
NEW BEGINNER HIGHLAND ONLY**

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Year Month Day as of Sept 1

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Wk Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Wk Phone \_\_\_\_\_

## MEDICAL INFORMATION

Alberta Health Care # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_

List any Allergies to Medications \_\_\_\_\_

List any Medical Conditions (eg: Asthma) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DANCE BACKGROUND

Please list Previous Dance Training & Teachers

Discipline	Teacher	# of years

How did you hear about our school?

\_\_\_\_\_

## FEES

**Registration Fee** \$25.00 non-refundable (*Pre-registration fees accepted June-August*)  
**Class Fee** \$45.00 per month or \$427.50 (5% discount) full payment must be submitted by September 30, 2011

New Beginner classes run 3/4 hour/week for 34 weeks, September—June. Classes begin the week of September 12, 2011 Dance recital/Tartan Tea to be held on Sunday, June 17, 2012.

Post-dated cheques for monthly payments are required. Please submit all post-dated cheques, dated the 1st of the month, with this registration form. Thank you.

## GENERAL RELEASE & WAIVER

In consideration of your accepting this registration, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Strathcona School of Dancing, Edmonton, Alberta, its agents, representatives, owners, employees, successors and assignees, for any and all injuries or illness suffered by me or my child .

I have read and agreed to the policies and regulations of Strathcona School of Dancing, including all fees and payment conditions.

Further, in case of any emergency regarding the above registered student, you and/or the emergency contact will be called immediately. If either the parent(s) and/or emergency contact cannot be reached by phone, I authorize any qualified staff member to make any necessary decisions.

I further undertake to indemnify Strathcona School of Dancing, it's agents, representatives, owners, employees, successors and assignees, for any claims, however arising, made by me or on behalf of my infant child.

\_\_\_\_\_  
*Signature of Parent/Guardian (if under the age of 18 years)*

\_\_\_\_\_  
*Date*

## PHOTO WAIVER

I consent to the use and publication of any photography or likeness of students taken in the course of classes, competitions, workshops, studio events or other activities for the promotional purposes of Strathcona School of Dancing, including, but not limited to, publication of my likeness and name (or that of my child) on the Strathcona School of Dancing website.

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