

# DANCE CONNECTION

## Children's Classes

### Registration Form



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Class Registering For:	
Class Days:	Class Times:
Start Date:	
Payment Made By:  <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA/MASTER CARD <input type="checkbox"/> INTERAC	Price:
	GST:
	Total Sale:
	Payment Notes:
<b>HEALTH QUESTIONS</b>	
YES <input type="checkbox"/>	NO <input type="checkbox"/> Is your child on any Medications? <input type="checkbox"/> Has your child's doctor ever said they have heart trouble? <input type="checkbox"/> Does your child have asthma or allergies?
Are there any other health concerns that your child's instructor should be aware of? _____	

If you answered YES to any of the following questions and your doctor has said it is OK for you to take part in our classes, please inform your instructor of this and follow the directions she/he has given you. If you answered NO to all the questions, you can reasonably assured of your present suitability to take part in our classes.

I further advise Dance Connection that I have taken all precautions, whether consulting my child's physician or not, and state that my child is physically capable of engaging in this workout. I hereby release Dance Connection, it's agents, servants, or employees, from any and all liability, claim or demand on account of or related in any way to injury or disease my child may suffer as a result of the foregoing and assume all risks in connection therewith. I also understand that during my child's class that she/he must be able to be without a parent for the 45 min class. As there are to be no parents allowed to stay while the class is in session. There will be no refunds issued for any of our classes.

DATE: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_