

Dance Fusion 2009-2010 Registration Form

3785 Kingston Road Unit #B1, Scarborough ON, M1J 3H4 - 416-267-8372 - info@dancefusion.ca

Returning student
 New student

Student's Name: _____

Birthdate: _____ Age as of September 1st 2009: _____

Mailing Address: _____

Postal Code: _____

Home Phone Number: _____

Any medical conditions or allergies we should be made aware of: _____

Health Card Number: _____

Parent/Guardian Name(s): _____

Contact/Cell Phone Number(s): _____

Contact E-mail Address (required): _____

1. Upon my registering my son/daughter at *Dance Fusion* I have read and agree to adhere by the 2009-2010 Studio Policies & Dress Code, including all policies regarding payments and Recital.
2. I hereby release *Dance Fusion*, and its staff, of any liability regarding injuries in class or on *Dance Fusion* property. *Dance Fusion* is also not responsible for lost/damaged items left on premises.
3. I give my permission to *Dance Fusion* to have exclusive use of any pictures/videos taken of my son/daughter while participating in classes or studio events (ie. Recital).

Parent's Signature: _____

Date: _____

Office use only.

	<i>Class</i>	<i>Day/Time</i>
<i>Jazz</i>		
<i>Tap</i>		
<i>Ballet</i>		
<i>Hip Hop</i>		
<i>Acro</i>		
<i>Combo Class</i>		

- \$25.00 Family Registration Fee
- Post-dated cheques received for monthly tuition
- Will be paying by cash/cheques on the first of the month (first and last months tuition due upfront)