



## REGISTRATION FORM

**2010-2011**

Name:					
Address:					
City:			Postal Code:		
Phone:			Mobile:		
Date of Birth:			School:		
Grade:			Medicare #		
Email:					

Please indicate who will receive receipt to claim Child Fitness Tax Credit  
*(if more than one please add \$5 additional processing fee)*

Mother
  Father
  Other

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies / Medical Conditions: \_\_\_\_\_

Class(es) you wish to register for:

Florenceville:

<input type="checkbox"/> Tue 3:30-4:30 Grade 5-7 Jazz, Tap & Hip Hop	<input type="checkbox"/> Tue 6:45-7:45 Grade 2-4 Jazz, Tap & Hip Hop
<input type="checkbox"/> Tue 4:30-4:45 Grade 5-7 Ballet/Technique Add On	<input type="checkbox"/> Tue 7:45-8:00 Grade 2-4 & Teen Ballet/Technique Add On
<input type="checkbox"/> Tue 4:45-5:15 Boys Only Hip Hop (1/2 year)	<input type="checkbox"/> Tue 8:00-9:00 Teen Jazz, Tap & Hip Hop
<input type="checkbox"/> Tue 5:15-5:45 PreSchool Tap	
<input type="checkbox"/> Tue 5:45-6:00 PreScool-Grade 1 Ballet Add On	
<input type="checkbox"/> 6:00-6:45 Grade K-1 Jazz, Tap & HipHop	OVER PLEASE →

**WAIVER OF LIABILITY AND RELEASE**

This is a waiver of Liability and Release of your rights to commence legal action. This Waiver and Release may be used against you in court if you commence legal action against any released party or person PLEASE READ THE FOLLOWING VERY CAREFULLY.

THE UNDERSIGNED ACKNOWLEDGES AND AGREES AS FOLLOWS:

The registered participant, or in the case of a minor, their parent(s) or guardian(s) agrees to indemnify and hold harmless Smith's Dance Academy and any instructors associated with Smith's Dance Academy, from and against any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever, whether in law or equity, known or unknown, incurred by Smith's Dance Academy and arising out of or in any way related, directly or indirectly, to participation in classes and instructions delivered by Smith's Dance Academy. By registering with Smith's Dance Academy, I agree to the terms outlined in this Liability Waiver and Release. I also agree to abide to all of Smith's Dance Academy policies and regulations. I further understand and accept that no promises or guarantees are made, explicit or implied.

The undersigned participant signs this Waiver of Liability and Release on the \_\_\_\_th day of \_\_\_\_\_, 2011 in the city/town of \_\_\_\_\_. By signing this Waiver of Liability and Release the undersigned acknowledges that he or she is giving up important legal rights and that this Waiver of Liability and Release may be used as a bar to or in defense of any legal action that may be commenced by me and/or my heirs, executors, administrators and assigns.

Print Participant's Name		Participants Signature	
		<i>(if 19 years of age or over)</i>	
Print Parent/Guardian's Name		Parent/ Guardian's Signature	
<i>( if participant is under 19 years of age)</i>		<i>( if participant is under 19 years of age)</i>	
Print Witness's Name		Witnesses Signature	