

# REGISTRATION FORM

TO ENSURE ENROLMENT PLEASE FILL IN THIS FORM

Child's Name: \_\_\_\_\_ Parent's Surname: \_\_\_\_\_  
(if different from child's)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone:(Home) \_\_\_\_\_ Email: \_\_\_\_\_

Parent Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Parent Cell: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Academic Day School: \_\_\_\_\_ Telephone: \_\_\_\_\_

Age: (Sept) \_\_\_\_\_ Birthdate: \_\_\_\_\_

**We cannot guarantee a place for students if the level is filled or if enrolment does not warrant a class. All former students must "re-register" for placement in the fall class schedule.**

**ENCLOSE \$50.00 REGISTRATION FEE PER FAMILY**

**(Non-Refundable – Non-Deductible from Tuition)**

## Check All Applicable Classes

\_\_\_\_\_ Student is a beginner \_\_\_\_\_ Student has had previous study

\_\_\_\_\_ Intro to Dance \_\_\_\_\_ Intro to Dance 2 \_\_\_\_\_ Kinder Ballet \_\_\_\_\_ Ballet \_\_\_\_\_ Intro Tap & Jazz

(Angelina)

(Isadora)

(Kaleidoscope)

\_\_\_\_\_ Ballet \* Number of classes per week \_\_\_\_\_

\_\_\_\_\_ Pointe Work \_\_\_\_\_ Jazz \_\_\_\_\_ Gymnastics/Acro

\_\_\_\_\_ Modern \_\_\_\_\_ Hip Hop \_\_\_\_\_ Tap \_\_\_\_\_ Endurance Class

\_\_\_\_\_ Professional Program \_\_\_\_\_ Intensive Scholars Program

\_\_\_\_\_ Beginner Adult Ballet \_\_\_\_\_ Previous Study Adult Ballet

\_\_\_\_\_ I prefer an Evening class

Check if cannot attend: \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Before 5:30 pm

Note days & times of student's other activities.

We may not have a class to meet other commitments.

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I agree to allow my child/myself to participate in the physical training at the London Dance Centre & that I/we are physically fit enough to participate in the activities at the London Dance Centre. I warrant that my child or myself, has no known physical disabilities, illnesses or sicknesses which might be aggravated by active participation in the course of instruction at the London Dance Centre. Should I/we have any doubt as to our physical fitness for dance study, we will seek a physician's recommendation first. I/we acknowledge the existence of some risk of personal injury in participating in dance study and I/we expressly agree to assume the risk of all injuries, death, or property damage and agree to indemnify and save harmless the London Dance Centre from any and all liability, including all expenses, legal, or otherwise, incurred by the London Dance Centre in the defense of any claim or suit.

Parent's Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any information about the participant that might be informative to ensuring their best progress: ex: asthma / orthopedic problems / hearing impairment / etc.

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### **Photo Release Form**

*I hear by grant permission to Victoria Carter London Dance Centre to use photographs & / or videos taken, of me, or my child, for publications, news releases, online & other communication related to Victoria Carter London Dance Centre.*

*Student Names:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*(Please Print) Signed by Guardian*

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone: (home)* \_\_\_\_\_ *(cell)* \_\_\_\_\_

*Email:* \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Thank you*