

Summer Session Registration

160 Sydenham Street * London, ON * N6A 1V9

Name: _____

Address: _____

Street

City

Postal Code

Parent Cell: _____ Student Cell: _____

Age: _____ Birth Date: _____

Course Level: _____

Couse Dates: _____

Half Day: _____ Full Day: _____ Single Classes: _____

I give my permission for my child to participate in the recreational events in various locations in the City of London.

Parent or Guardian Signature for child under 18 years: _____

TUITION IN FULL DUE BY JUNE 1

Discount for payment by April 1st

AVAILABILITY OF CLASSES, LEVELS & TIMES ARE SUBJECT TO ADEQUATE REGISTRATION & INTEREST

MEDICAL INFORMATION (CONFIDENTIAL)

Name: _____

Parent Contact: _____

Home Phone: _____ Business: _____ - _____

Address: _____

Cell Phone: _____ Age: _____ Birthdate: _____

Emergency Contact

Person: _____ Relationship: _____ Phone: _____

Medical History (PLEASE INFORM US OF ANY MEDICAL CONDITION IMPORTANT TO THE HEALTH & SAFETY OF YOUR CHILD WHILE IN OUR CARE)

Medication (ALL MEDICATION TO BE LABELED WITH INSTRUCTIONS & HANDED IN TO THE OFFICE PRIOR TO ANY CLASS)

Name of Medication & Dosage: _____

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: eg: asthma / orthopedic problems / hearing impairment / etc.
