

REGISTRATION / INSCRIPTION

NAME / NOM

Dancer Last / Famille Dancer First / Prénom Age Date of Birth / Date de Naissance
Day Month Year
_____ (_____ / _____ / _____)

Parent / Guardian Name

Contact #

Parent / Guardian Name

Contact #

ADDRESS / ADRESSE:

Street / Rue:

Apt, P.O. Box...etc. :

City / Ville:

Postal Code:

Email (please print):

Is there any medical information our staff should be aware of? Yes No
Est-ce qu'il y a de l'information du point de vue santé que nous devons savoir ? Oui Non

***Classes Offered / Classes Offertes:**

CREATIVE DANCE (3-4 years by Dec 31 st)	<input type="checkbox"/>	MUSICAL THEATRE (8 years + by Dec 31 st)	<input type="checkbox"/>
NURSERY TAP (5-6 years by Dec 31 st)	<input type="checkbox"/>	TAP (7 years + by Dec 31 st)	<input type="checkbox"/>
NURSERY BALLET (5-6 years by Dec 31 st)	<input type="checkbox"/>	BALLET (7 years + by Dec 31 st)	<input type="checkbox"/>
JAZZ (7 years + by Dec 31 st)	<input type="checkbox"/>	ADULT HIP HOP	<input type="checkbox"/>
ACRO (7 years + by Dec 31 st)	<input type="checkbox"/>	ADULT TAP	<input type="checkbox"/>
HIP HOP (8 years + by Dec 31 st)	<input type="checkbox"/>	MODERN (14 years + by Dec 31 st)	<input type="checkbox"/>

PREVIOUS DANCE TRAINING? YES NO
New students: how did you hear about the studio?

LIABILITY DISCLAIMER:

By signing this form, I release the Pat Picard School of Dance and its instructors/helpers from liability in case of accident/injury or health risk sustained at the studio or any dance outing organized by PPSD. I understand that staff are not responsible for any loss or theft of articles on the premises. I am aware that classes will be conducted in the safest possible manner. I hereby certify that my child is in good physical condition and is able to participate fully in this program. All current medical conditions are outlined in medical information box above.

Signature:

Date: _____, 2023

PHOTOS – I allow pictures/videos to be taken for promotional reasons. Check box if you agree.