Registration Form

☐ Dance ☐ Yoga ☐ Tween Barre ☐ After School Prgm

Student name:_____ _____
(first name - please print) (last name)

Home Phone:_____ T-Shirt Size(circle): S M L XL

Birth date(d/m/y):_____ Age:_____ Gender(circle): M F

Class(es):_____ / _____ / _____
Day Type TIme

_____ / _____ / _____
Day Type TIme

_____ / _____ / _____
Day Type TIme

_____ / _____ / _____
Day Type TIme

_____ / _____ / _____
Day Type TIme

Medical Information we should be aware of such as allergies, injuries and/or medical conditions:

_____

Parent/Guardian:_____ _____
(first name - please print) (last name)

address:_____
(street) (city) (postal code)

Cell phone:_____ Email:_____

I agree to the registration information, policies and the principles of T.O. Dance Co. I release T.O.Dance Co, Jamie Hoffeldt, Guylaine Julien, all teachers, staff, employes and assistants from any and all liability actions, negligence or lawsuits arising from any activity while in the studio, while using studio facilities or in studio vicinity and/or in relation to any travels conducted by T.O. Dance Co. I hereby allow T.O. Dance Co to use photos of myself and/or my child(ren) for promotional use at any time.

Parent/Guardian Signature:_____ Date:_____