



# BTLC PARENT & TOT DANCE REGISTRATION FORM

Session: Fall 2010  
Thursday Sept 16, 23, 30, Oct 7, 21, 28, Nov 4, 18, 25 and Dec 2

## STUDENT INFORMATION

Name: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
mm/dd/yy (as of Sept 1st) (M-male/F-female)

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, Province Postal Code

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Family Email: \_\_\_\_\_

## GUARDIAN INFORMATION

Name: \_\_\_\_\_  
Last First

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## STUDENT MEDICAL INFORMATION

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any special needs, medical conditions and/or allergies the student may have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Possible Diagnosis/Confirmed Diagnosis (please circle): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Briefly Describe Your Child's Abilities, Strengths & Limitations and/or Areas of Concern (if you require additional space please attach a separate sheet to this form) \_\_\_\_\_

\_\_\_\_\_

### WAIVER

1. As the participant and/or parent/legal guardian of \_\_\_\_\_  
I give my voluntary consent to his/her/my participation in the Parent and Tot dance program and activities provided by BTLC, it's principals, employees, volunteers and agents of BTLC. I understand that participating in dance classes and related activities, involves the possibility of physical injury. I release BTLC from any and all recourse, loss or damage, including any consequential damage or loss, claims, cause of action of any kind whatsoever arising from his/her/my participation in the activity. I, the undersigned, understand clearly that by signing this waiver, I voluntarily accept the legal risk and will be forever prevented from taking legal action or otherwise claiming against BTLC for any expenses incurred as a result of injury.

2. I consent to and/or authorize BTLC to use any photos/videos of his/her/my participation in this dance program and related activities, for research, display, promotional and/or advertising purposes.

3. In accordance with the Freedom of Information and Protection of Privacy Act, I understand BTLC will use the information contained herein strictly for registration and administrative purposes. Non-financial information may be shared with instructors, administrators and associations affiliated with BTLC for the purpose of the programs and activities organized by BTLC.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness

### FOR OFFICE USE ONLY

Cheque#: \_\_\_\_\_ Name on Cheque: \_\_\_\_\_

Cash: \_\_\_\_\_ Total Fees Pd: \_\_\_\_\_