

Connie Parsons School of Dance Ltd.

STUDIO: 77 Portugal Cove Rd. • St. John's , NL • A1B 2M4 • (709) 754-2290 • www.cpsod.com

Registration Form 2008-2009 Dance Season

Student's Name: _____ Address: _____
Parent's Name: _____
Age of student: _____ Postal Code: _____
Date of Birth: _____ Home #: _____
E-mail: _____ Work #: _____

Previous Dance Experience (if any):

I have looked at the schedule and would like to register for:

<u>Dance Style</u>	<u>Day</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

** I have included my non-refundable registration fee of \$10.00 + H.S.T. per student.

Release Form

I hereby certify that my child is in good physical condition and able to participate fully in this program. All current conditions requiring medication are outlined below.

I release **Connie Parsons School of Dance Ltd.** and any teachers from liability in case of accident or injury. I understand that classes will be conducted in the safest possible manner by trained professional instructors.

Signature of Parent or Guardian

Medications and medical conditions: