

# *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 2010-2011 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 \$15.00(HST incl.). 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:**