



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: _____