



Winter 2019 Parent 'n Tot - 10 Week Sessions

- Tuesdays - 9:45-10:30am (January 8th through March 12th)
- Saturdays - 9:15-10:00am (January 12th through March 23rd - No class on February 18th)

STUDENT INFORMATION

First Name		Last Name		
Gender	Male	Female	Birthdate: Day	Month Year
Student Cell		Age as of January 2019		
Address			Postal Code	
Health Concerns (Allergies, Ailments etc.)				

PARENT/GUARDIAN INFORMATION

Name		Relationship to child	
Email			
Home Phone		Cell Phone	

NEW STUDENTS - Please tell us how you heard about Elite Dance Academy

Postcard in Mail	Web Search	Drive By	Instagram		
Friend:			Other:		

Parent 'n Tot - 10 weeks - \$110

Paid:

You may provide a credit card number to be charged or pay at the office before your first class

Credit Card Number:	Expiry:
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Elite Dance Academy 2018/2019 Dance Waiver

As the parent or guardian of _____ (student), I authorize the staff of 566636 Alberta Ltd. (O/A Elite Dance Academy) to seek medical service in case of serious injury or illness if I am unable to be contacted. I further agree or accept financial responsibility therefor in excess of benefits allowed by my health plan.

I give my voluntary consent to her/his participation in all dancing programs and activities provided by Elite Dance Academy. I release Elite Dance Academy, its principals, employees and agents, from any and all liability and waive all recourse, loss or damage, including any consequential damage or loss, claims, causes of action of any kind whatsoever arising from her/his participation in the activities. I voluntarily accept the legal risk, thereby expressly giving up any right of action for the physical risk arising from all liability whether such liability arises in contact, by statute, specifically including, but not limited to, the Occupier's Liability Act or in any other manner. I acknowledge that by their very nature, the activities engaged in can be dangerous exposing participants to risks and hazards and that I nevertheless freely and voluntarily assume all of the aforesaid risks and hazards.

I have read and agree to adhere to the above dance waiver.

Printed Parent/Guardian Name

Signature

Date