

REGISTRATION FORM & AGREEMENT

Student 1 Name: BirthDate (yyymmdd)

Health Card Cell

Programs of interest

Student 2 Name: BirthDate (yyymmdd)

Health Card Cell

Programs of interest

Health information (allergies, other emergency info)

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Contact 1 Name: Relationship

Address

Tel Home Work..... Cell

Contact 2 Name: Relationship

Address

Tel Home Work..... Cell

Contact 3 Name: Relationship

Address

Tel Home Work..... Cell

Contact 4 Name: Relationship

Address

Tel Home Work..... Cell

I have read, understood, agree with, and will abide by the terms of the KBS DANCE LTD.'s "Policies" document. I assume all risks for damages or injuries of any kind associated with attendance of the above student(s) at KBS DANCE events. I give KBS DANCE LTD. the right to communicate with the above contact(s) and to release the above Health information for the purpose of responding to a medical emergency. This Agreement is governed by the laws of the Province of Ontario.

Name: (Please print. Must be > 17 yrs old)

Signature: Date: