



SDC REGISTRATION FORM 2019-2020

Student Name <i>(Last, First, M.I.):</i>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
DOB	<i>Age as of Dec 2019</i>	List any Health Risks/Allergies that Your Child Suffers from
Home Address:		
It is extremely important that the contact information we have on file for legal guardians/parents is accurate. This information will be used to contact you for <u>class cancelations/early dismissal and important updates.</u>		
Parent/Guardian Name: <i>Primary Contact</i>		Cell Phone:
Email <i>for Newsletters:</i>		Home Phone:
Parent/Guardian Name: <i>Secondary Contact</i>		Cell Phone:
Email <i>for Newsletters:</i>		Home Phone: <i>If Different</i>
Strathroy Branch <input type="checkbox"/>	CLASSES REQUESTED	<input type="checkbox"/> Parkhill Branch
Recreational Classes <i>Office Use (filled out between Studio and Guardian) Ages are just a guideline</i>		
<input type="checkbox"/> ___ Kiddie Dance (age 3) <input type="checkbox"/> ___ Dance Readiness (age 4) <input type="checkbox"/> ___ Dance (age 5-6) <input type="checkbox"/> ___ Pre-Jazz (age 7-8) <hr/> <input type="checkbox"/> ___ Beginner Ballet (age 5-7) <input type="checkbox"/> ___ Ballet (JR age 8-11) <input type="checkbox"/> ___ Ballet (SR age >11)	<input type="checkbox"/> ___ Tiny Taps (4-6) <input type="checkbox"/> ___ Tap (7-8) <input type="checkbox"/> ___ Tap (9-12) <input type="checkbox"/> ___ Tap (>12) <hr/> <input type="checkbox"/> ___ Hip Hop (6-8) <input type="checkbox"/> ___ Hip Hop (9-11) <input type="checkbox"/> ___ Hip Hop (>12) <hr/> <input type="checkbox"/> ___ Lyrical (>12)	<input type="checkbox"/> ___ Jazz (>8) <input type="checkbox"/> ___ Jazz (>12) <hr/> <input type="checkbox"/> ___ Musical Theatre (JR age 7-11) <input type="checkbox"/> ___ Musical Theatre (SR age 12 >) <hr/> <input type="checkbox"/> ___ ACRO (6-7) <input type="checkbox"/> ___ ACRO (>7) <input type="checkbox"/> ___ ACRO >9 <input type="checkbox"/> ___ ACRO >12
Competition Team		
___ Group ___ Trio ___ Duet ___ Solo (ACRO)	___ Group ___ Trio ___ Duet ___ Solo (Lyrical)	
___ Group ___ Trio ___ Duet ___ Solo (Contemporary)	___ Group ___ Trio ___ Duet ___ Solo (Musical Theatre)	
___ Group ___ Trio ___ Duet ___ Solo (Hip Hop)	___ Group ___ Trio ___ Duet ___ Solo (Tap)	
___ Group ___ Trio ___ Duet ___ Solo (Jazz)	___ Super Group	
REQUIRED CLASSES for COMP but available to ALL dancers		
<input type="checkbox"/> ___ Ballet Tech	<input type="checkbox"/> ___ Acro Tech	<input type="checkbox"/> ___ Jumps/Turns
<p>Waiver: initial your acceptance</p> <p><input type="checkbox"/> I hereby release the Strathroy Dance Club Inc. (SDC), their employees and their executive membership of any claim whatsoever arising from the deterioration of health, aggravation of conditions of ill health as a result of participating in the programs, acceptance of the advice or use of the facilities provided by the SDC., or any claim for personal injuries arising out of negligence of the SDC, then employees and their executive members and acknowledge that I and my children are using the programs and facilities at our own risk. I will not hold the SDC, its teachers, parents, executive or other students responsible or liable for any damages, loss or personal injury sustained while participating in any activity connected with these classes, no matter how caused.</p> <p><input type="checkbox"/> I also give SDC and their appointed agents the rights to photograph, videotape, audio record, televise, duplicate, and/or transfer to any present or future technology, media that captures the above registered participant engaging in SDC activities.</p> <p><input type="checkbox"/> My Dancer will be dressed and ready to start class (shoes on and wearing appropriate clothing) before class starts. If my dancer is more than 5 minutes late for class, I understand they will only be able to watch class. As missing the warm-up, can put them in jeopardy of an injury and disrupts the rest of the class.</p>		
Date:	Signature (Parent/MRP)	

Student Name <i>(Last, First, M.I.):</i>
Parents
e-mail/phone#

Class:	Day/Time:	Fee:

Payment Notes:

Sub Total	
<i>Performance Fee</i>	
Sub Total	
<i>Volunteer Fee</i>	
Total	

Volunteering For:		Completed:	
Fundraising Involvement:		Completed:	