



GOTTA DANCE

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3581 Dundas Street West



March Break Camp Registration 2012

Student name: _____ Grade: _____
First Last

Age on March 12, 2012: _____ Birth date: m/d/y _____ Gender _____

Address: _____ Apt # _____

City: _____ Postal Code: _____

Home Phone # _____

Req'd E-Mail(parent's) _____

E-Mail(student's) _____

Parent/Guardian _____ Work # _____
Primary contact (First and last name)

Cell # _____

Parent/Guardian _____ Work # _____
(First and last name)

Cell # _____

Dance/Fitness Experience: _____ New to Gotta Dance? Yes/No

Medical Information: (Please describe any allergies, injuries, and/or medical conditions we should be aware of, etc.) Please provide a photograph if student has a severe allergy

CONSENT:

I am permitting _____ to attend classes at Gotta Dance Inc. I acknowledge that there is a risk of injury involved in any activity for which I am registering myself and/or my child. I hereby accept the risk and in consideration of Gotta Dance Inc. accepting this registration, I hereby release Gotta Dance Inc. from all claims of any kind that may arise.

I will allow Gotta Dance Inc. to use photographs/images of myself and/or my child(ren), as a participant of Gotta Dance Inc., on their website and/or in promotional material.

The above information is collected for the sole use of Gotta Dance Inc. and will not be disseminated in any way to other parties without the prior written permission of the participant/participant's parent/guardian.

I have read and am familiar with Gotta Dance's Code of Conduct.

_____ Date

_____ Parent/Guardian/Dancer Signature

