



REGISTRATION FORM

(Please legibly print below)

DATE: _____

STUDENT NAME: _____

HOME PHONE #: _____

E-MAIL ADDRESS: _____

BIRTHDAY: _____ AGE: _____ THIS IS MY _____ YEAR AT PULSE DANCE WORKS
(# of years)

ADDRESS: _____

CITY/TOWN: _____ PROVINCE: Ontario POSTAL CODE: _____

PARENT/GUARDIAN NAME: _____ CELL/BUSINESS #: _____

PARENT/GUARDIAN NAME: _____ CELL/BUSINESS #: _____

MEDICAL INFORMATION: No Yes (if "Yes", please list below medical conditions, allergies, injuries etc.):

STUDENT PRIOR DANCE EXPERIENCE: _____

HOW DID YOU HEAR ABOUT US: _____

I understand and agree to the registration information and policies of Pulse Dance Works Inc.: By signing this participant form, I release Nadine N. Varga, Rachel M. Lepera-Martelle, all teachers, assistant teachers, office administrators, additional staff and Pulse Dance Works Inc. from any liability actions; including injuries, disabilities, death, illness and/or lawsuits from any activity and/or travel relating to Pulse Dance Works Inc. programs including inside studio and outside studio classes, workshops, competitions, performances, dance parties and events. Pulse Dance Works Inc. will in no way be held responsible for any lost/stolen articles. I agree to notify Pulse Dance Works Inc., in writing, should any of the above information change. I also agree to grant Pulse Dance Works Inc. permission to utilize photo's taken of the above named student for promotional use at no charge today or hereafter & without any financial obligations to Pulse Dance Works Inc.

PARENT/GUARDIAN/STUDENT (if over 18yrs) SIGNATURE: _____ DATE: _____