DANCE FREDERICTON INC. 20 York Street P.O Box 1562, Fredericton, NB E38 5G2 Telephone (506) 457-2538

STUDENT REGISTRATION FORM

NAME:	
ADDRESS:	
ADDRESS:E-MAIL ADDRESS:	Postal Code:
E-MAIL ADDRESS.	
PHONE NUMBERS: (home)	ork) (work) (cell)
Mother/Guardian: (wo	rk) (cell)
Father/Guardian: (wor PARENT/GUARDIAN NAMES (if under 18)	rk) (cell)
EMERGENCY NAME AND NUMBER:	
MEDICARE #:	
FOR THOSE UNDER 18:	
DATE OF BIRTH:	-
SCHOOL:	-
RELEASE: In consideration of the provision of the myself, on behalf of my child and/or myself, in ac such lessons, I hereby agree to waive any and a have against, and fully release from any and all slessons, and the owners and/or occupiers of the	ddition to paying any charges or fees payable for all claims I or any of us may now or hereafter such claims, the teachers and organizers of such
I acknowledge that some change in the obe necessary, depending on enrolment.	
Dated at Fredericton, New Brunswick, this	day of
SIGNED	
Class, Day & Time	Class, Day and Time
Class, Day & Time	Class, Day and Time Class, Day and Time Class, Day and Time Class, Day and Time
Class, Day & Time	Class, Day and Time
Class, Day & Time	Class, Day and Time
Class, Day & Time	Class, Day and Time
e that my son/daughter's photograph may be included on the Da hotographs will not clearly identify the students and that full names	ance Fredericton website www.dancefredericton.com , subject to the proviso swill not be used.
	se who may access the website and take unauthorized copies of the n from any injury or damages that may result from the unauthorized use of
nt's or Guardian's Signature: Date:	
not wish my son/daughter's photograph to be included on the Dance	e Fredericton website.
nt's or Guardian's Signature: Date:	