



5863 Leslie St.
Toronto On. M2H 1J8
416.838.4342

Registration Form 2011-2012

Please fill out the form below and return with the program tuition to secure a spot for your child or yourself. If registering multiple children please fill out a separate form for each child.

Please Print your information below:

Student's Name: _____

Age: _____ Date of Birth: _____ M/F: _____

Parent's Name: _____

Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____

Please note your contact information is very important. Please print clearly. If any changes occur in your email or phone #'s please let us know.

Email address: _____

Cell #: _____ Home #: _____ Work #: _____

Emergency Contact if you can not be reached:

Name: _____ Number: _____

Any allergies or health issues we need to be aware of:

Parent / Guardian / Student (18+):

_____ (print)

_____ (signature)

Date: _____

Release Waiver

THE FOLLOWING DESCRIBES THE TERMS ON WHICH FAT LACES, THE HARDNOX SKOOLERZ DANCE COMPANY AND THE USED FACILITIES OFFERS YOU ACCESS TO OUR SERVICES.

I wish to participate in a dance program presented by Fat Laces (FL) conducted by The HardNox Skoolerz Dance Company (HNSDC). As a condition of HNSDC agreeing to allow me to participate in such a dance class, I hereby confirm and agree to the following:

1. I recognize that the dance class(es) of the type I intend to participate in require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult a physician prior to and regarding my participation in any FL/HNSDC classes/programs/activities. I represent that I am physically fit and have no medical condition that would prevent my full participation in any such class(es).
3. I agree to take full responsibility for any risks, injuries or damages known or unknown which I incur, or may incur, as a result of participation in any class held by HNSDC and or sponsored by FL.
4. I knowingly and voluntarily waive any and all claims I have, or may at any time in the future have, against FL/HNSDC or any of the instructors, agents, employees or facilities, for any injury or damage that I sustain as a result of my participation in a classes/programs/activities.

Further:

- If I wish to cancel my registration in any FL/HNSDC classes/programs/activities I must do so in writing 7 days prior to the start date of the Dance Intensive, signed with the signature as listed on the registration form.
- I understand that if I cancel my registration in any FL/HNSDC classes/programs/activities within 7 days of the start date, HNSDC is not entitled to refund any monies paid.
- I understand that if I attend any FL/HNSDC classes/programs/activities, FL/HNSDC is not entitled to refund any monies paid.
- I understand that if any cheque I have written to Fat Laces is returned from the BANK as INSUFFICIENT FUNDS, I must replace this payment immediately. In addition, I agree to pay a \$45.00 replacement fee.
- I release the above company Fat Laces and teachers of The HardNox Skoolerz Dance Company and or any teachers hired by Fat laces or The HardNox Skoolerz Dance Company from liability in case of accident or injury. I understand that trained professional instructors will conduct all classes in the safest possible manner.
- I hereby certify that my child/I are in good physical condition and are able to participate fully in Fat Laces/The HardNox Skoolerz Dance Company classes/programs/activities. All current medical conditions requiring medication are outlined.

Parent / Guardian / Student (18+):

_____ (print)

_____ (signature)

Date: _____