



Studio Address: 833 Upper James Street, Rear Unit 905-529-9885
 www.notjustanotherdancestudio.ca

Registration Form – One Week Unlimited Class Pass

Registrant's Name: _____

Parent's Names: _____

Address: _____

City: _____ Postal Code: _____

Home Phone #: _____ e-mail address: _____

Cell Number (mom): _____ Cell Number (dad): _____

Date of Birth: (m) _____ (d) _____ (y) _____ Female Male

Any allergies / medical information: _____

How did you hear about us? Website Spec Auction Culture & Rec Guide Ad
 Active Kids Ad Referred by: _____
 Brochure Other: _____

Trial Class	Date

The undersigned expressly acknowledges that any program that involves movement or dance (or similar activities) can result in physical injury greater than those encountered in daily life, and by participating in dance and other activities, students acknowledge and assume the risk inherent therein. NJADS Inc. accepts no responsibility, and shall not be liable for any injury, illness, loss, accident, expense, delay or any other irregularity resulting from a registered dancer's participation in any activity or use of the facilities at NJADS Inc. In consideration of being able to enter and use the facilities at NJADS Inc., the undersigned hereby releases NJADS Inc., its owners and instructors from all liability for injury to my child arising from participation in any of their programs. In case of medical emergency – if I cannot be reached – permission is hereby granted to the studio and its representatives to transport my child to a local doctor or hospital for medical treatment if necessary. By signing I agree that I have read this release, understand its content, and I freely accept the terms. By supplying my email address, I consent to receiving electronic correspondence from NJADS Inc.

Parent/Guardian's Signature: _____ Date: _____