



Student Registration Form

New Student <input type="checkbox"/>	Returning Student <input type="checkbox"/>
Family Name _____	
<u>Full Mailing Address:</u>	
Street: _____	City: _____
Province: _____	Postal Code: _____
Home Phone Number: _____	
Email Address: _____	
Mothers Name: _____	Work Phone Number: _____
Fathers Name: _____	Work Phone Number: _____
Emergency Contact Name: _____	Relationship: _____
Emergency Phone Number: _____	

STUDENT #1	STUDENT #2	STUDENT #3
Name: _____	Name: _____	Name: _____
DOB: _____	DOB: _____	DOB: _____
Age: _____	Age: _____	Age: _____
Medical Info: _____	Medical Info: _____	Medical Info: _____
Classes	Classes	Classes
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.

I authorize TDI to provide such medical care to the person listed above, as it may deem necessary in the event of injury or otherwise, and agree to pay for all expenses incurred thereby. In part consideration of TDI permitting me or the person listed above to participate in activities of dance I agree to release and discharge and to indemnify and save harmless TDI against all claims or proceedings by whomsoever made or brought, in respect of any costs, losses, damage or injury arising by reason of my/their participation in such activities, or by reason of the provision of medical care to me/them.

Signature: _____ **Date:** _____