

Family Name: \_\_\_\_\_

Family Code



**Dancer Info**

<b>1</b>	Name		
	Birthday	day month year	
	Age		
	Gender	Female	Male
	Allergies/ Medical Info		
<b>2</b>	Name		
	Birthday	day month year	
	Age		
	Gender	Female	Male
	Allergies/ Medical Info		

<b>3</b>	Name		
	Birthday	day month year	
	Age		
	Gender	Female	Male
	Allergies/ Medical Info		
<b>4</b>	Name		
	Birthday	day month year	
	Age		
	Gender	Female	Male
	Allergies/ Medical Info		

**Family Info**

**Primary Contact**

Name	
Email	
Home Phone	
Mobile	
Bus. Phone	
Other	

**Alternate Contacts**

Name	
Email	
Phone	
Name	
Email	
Phone	

Address		
City	Province	Postal Code

**Release**

I/We (the undersigned), on behalf of myself, my child and our heirs executors and administrators do hereby release and forever discharge Dance Adventure KW Inc., its servants, employees, agents, invitees, directors, officers and associates, and in particular, Brooke Myers, of, and from, any and all claims, demands, risks or clauses or action of whatsoever kind or nature, arising from, or by reason of any and all known or unknown, foreseen or unforeseen, bodily or personal injury that may be sustained by myself/ourselves, my child/children or anyone in my/our care, while engaged or participating in instructional lessons, events, shows and competitions conducted by Dance Adventure KW Inc. I/we agree to obey and abide by Dance Adventure KW Inc. rules, terms and policies and take full responsibility for my/our behaviour in addition to any damage caused. Furthermore, I/We grant permission for images of my/our family and children to be used for Dance Adventure KW Inc. promotional material.

Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Studio Rep: \_\_\_\_\_

