

Groove Creative Arts Centre

2016/ 2017 Dance Registration Form

Name: _____ Age: _____ Grade: _____ D.O.B. ____/____/____ (M/D/Y)

Class Name/Day/Time: _____ 2nd choice (if 1st full) _____

OHIP#: _____

Address: _____ City: _____ Postal Code: _____

Phone: (____) _____ - _____ Cell: (____) _____ - _____

Emergency Phone: (____) _____ - _____ Emerg. Name/Relation: _____

E-mail(s): _____

(For newsletters and informational purposes only. Your email will not be shared with other companies)

Please note; If you have a friend request (i.e. your child wishes to be in the same class as another child) please list the names below:

Friend's name(s): _____

Session and Payment Information: (please checkmark session and payment selection)

- Full Year Fall Winter Spring

Parent or Guardian Authorization: I give my approval to my child's participation in "Groove" School of Dance activities and excuse "Groove" School of Dance and its proprietors from all claims and damages that may arise as a result of accidents or losses. I authorize that the directors act for me according to their best judgment in any emergency requiring medical attention. In signing this application, I hereby acknowledge that I have read and understood the conditions and certify that the applicant is in good physical and mental health. I authorize Groove to use pictures for advertising purposes only. Yes ___ No ___

Parent or Guardian Name: _____ Signature: _____

Special Concerns/Allergies: _____

CREDIT CARD INFORMATION <i>(please print clearly)</i>		
Type of Card (please circle): Visa/Mastercard Name on Card: _____		
Card Number: _____	Exp. Date: ____/____	CW: _____

Staff Use Only – Payment Confirmation		
Amount: \$ _____ # _____	V/MC/Debit/Chq/Cash	Date Received: _____ staff: _____
Amount: \$ _____ # _____	V/MC/Debit/Chq/Cash	Date Received: _____ staff: _____
Amount: \$ _____ # _____	V/MC/Debit/Chq/Cash	Date Received: _____ staff: _____