

Registration Form

Student Information

Student's Last Name

Students' First Name

Address

City

Postal Code

Birthday (DD/MM/YYYY)

Allergies/Medicaton

Name of Parent/Guardian

Home Phone

Email Address

Cell/Work Number

Name of Second Parent/Guardian

Cell/Work Number

Artists' Play

school of dance

2010/2011 Season

www.artistsplay.com | 416.309.7529

Release Form

Name of the Student

I hereby certify that my child is in good physical condition and is able to participate fully in this program. All current medical conditions requiring medication are outlined on form. I release Artists' Play Dance Theatre and its teachers from liability in case of accident or injury. I understand that trained professional instructors will conduct all classes in the safest possible manner.

Name of the Parent/Guardian

Signature of Parent/Guardian

Date

For the love of dance!

Please make cheque payable to Artists' Play

Thanks for dancing with us!

Please mail registration form and cheque to:

Artists' Play

92 Power St.-Apt #1

Toronto, On.

M5A-3A7