

**REGISTRATION FORM
ISLAND DANCE ACADEMY
PHONE 628-6561**

DATE: _____

Student's Name: _____ Parent/Guardian _____

Mailing Address: _____

_____ Postal Code: _____

Telephone: Day: _____ Evening: _____

Date of Birth: _____ Age: _____

Email _____

Does student have any special medical / physical concerns of which we should be aware?

Please register my daughter / son for the following classes:

Name of level	Day / Time
_____	_____
_____	_____
_____	_____

If taking 2 Ballet classes a week are you interested in participating in RAD examinations? ___yes___no

Total number of classes per week _____ Cost per term _____

Post-Dated cheques enclosed ___ Please make cheques payable to Island Dance Academy

Mail completed registration form with payment for 1st term plus 3 post-dated cheques to:

**Island Dance Academy,
17 Water Street,
Charlottetown, P.E. I. C1A 1A2**

Please read through and complete the following consent form:

I herby certify that my child is in good physical condition and is able to participate fully in this program. All current medical conditions are outlined above.

I, _____, parent or guardian of _____
release The Island Dance Academy and its teachers from liability in case of accident or injury that may occur while attending classes at the Island Dance Academy. I have also read and understand the school's policies.

Signature _____ Date _____