

New Dance Horizons' Summer Arts Adventure

www.newdancehorizons.ca
2207 Harvey St, Regina, SK S4N 2N2
306-525-5393
info@newdancehorizons.ca

Registration Form

COMPLETE FORM IN FULL. INCOMPLETE FORMS WILL NOT BE ACCEPTED. SUBMIT ORIGINAL FORM TO INFO@NEWDANCEHORIZONS.CA

Child's Name: _____ Age :____ Date of Birth:_____

Parent/Guardian Name: _____

Email: _____ Address: _____ Postal Code: _____

Home Phone: _____ Cell or Work: _____

1 emergency contact _____ Phone: _____

2 emergency contact _____ Phone: _____

Please put a check mark next to the week you want your child to attend.

Module 1: Week 1 ___ Week 2 ___ Module 2: Week 3 ___ Week 4 ___ Module 3: Week 5 ___ Week 6 ___

Module 4: Week 7 ___ Week 8 ___ Module 5: Week 9 ___

Does your child have any allergies or medical concerns?_____

If yes please explain:_____

Parental / Guardian Permission, Waiver and Release

FOR GOOD AND VALUABLE CONSIDERATION RECEIVED:

I/we give permission for my child to participate in programs facilitated by the New Dance Horizons/project staff at 2207 Harvey St, Regina, SK.

I/we give permission for my child to be accompanied by New Dance Horizons's staff to the bathroom that is located in the main building.

I/we give permission for New Dance Horizons/project staff to take whatever steps are reasonably necessary to obtain emergency medical care, if required. Any expenses incurred in carrying out these steps will be borne by the child's family.

I/we give permission for free use of my child's name, picture and likeness in pictures, video, publications and other promotional materials, connected with New Dance Horizons.

Your child WILL NOT be permitted to be picked up by anyone else, other than a parent, without written consent as well as telephone confirmation with New Dance Horizons/project staff.

New Dance Horizons or project staff is not responsible for anything that may happen as a result of false information given on this form.

I/we the undersigned agree, and do hereby irrevocably release New Dance Horizons/project staff their heirs, assigns and all associated persons from liability and all claim for damages regarding any incident or injury sustained by my child in studio / backyard.

I grant permission for my child to participate in these activities and will not make claim against, sue or attach the property of New Dance Horizons/project staff in any respect.

Name: _____ Relationship to child : _____

Signature: _____ Date: _____

FORMS MUST BE SIGNED. UNSIGNED FORMS WILL NOT BE ACCEPTED.