

Cheryle Bodrug's *Burlington Dance Company inc.*

Registration Form

Student's name (please print): _____

Name of Parent(s): _____ & _____

Mailing Address: _____
(Including postal code)

Home telephone: _____

Cell/Business telephone: Mother's _____

Father's _____

Email address: _____

Student's D.O.B: _____
 DAY MONTH YEAR

Classes

PARENT & TOTS (2 - 3 YEARS) _____ FIRST STEPS (3 YEARS) _____

DANCING TOTS I (3 - 4 YEARS) _____ DT II (4 - 5 YEARS) _____ DT III (5 - 6 YEARS) _____ DT IV (6 - 7 YEARS) _____

I prefer a: weekday class _____ weekend class _____

BALLET _____

TAP _____

JAZZ _____

HIP HOP _____

ACRO JAZZ _____

ADULT _____

Conditioning/Fitness _____

PREVIOUS TRAINING (IF OTHER THAN WITH BDC):

TEACHER: _____ LEVEL ATTAINED/YEARS OF STUDY: _____

★IS THERE ANY MEDICAL INFORMATION THAT SHOULD BE KEPT ON FILE? YES NO
(If so, please indicate): _____

AS THE AUTHORIZED LEGAL REPRESENTATIVE OF THE ABOVE -REGISTERED STUDENT, I HEREBY FOREVER RELEASE, DISCHARGE AND ACQUIT CHERYLE BODRUG'S BURLINGTON DANCE COMPANY INC. (THE RELEASEE), INCLUDING CHERYLE BODRUG, ALL EMPLOYEES, TEACHERS AND/OR AGENTS FROM ANY AND ALL CLAIMS FOR DAMAGES OR INJURIES OF ANY KIND, NATURE OR DESCRIPTION, RESULTING FROM THE ABOVE -REGISTERED STUDENT'S PARTICIPATION IN ANY DANCE RELATED ACTIVITY CONDUCTED BY THE RELEASEE. I AM AWARE THAT ABSOLUTELY NO REFUNDS FOR TUITION OR COSTUMES WILL BE ISSUED AFTER FEBRUARY 1, 2014. IN THE UNLIKELY EVENT THAT I WISH TO DISCONTINUE CLASSES PREVIOUS TO FEBRUARY 1, 2014, I WILL SUBMIT ONE MONTH'S WRITTEN NOTICE TO THE DIRECTOR, KARI BODRUG, AT WHICH POINT A REFUND WILL BE ISSUED.

SIGNATURE OF PARENT OR GUARDIAN: _____

Pre Registration Deposit	Fall Registration