



# Student Registration

(Sept. 1, 2017-Aug. 31, 2018)

Please return this completed form to our office:  
117 Crichton Ave., Dartmouth, NS. B3A 3R6

(Please note the studios are located in the North Woodside  
Community Centre at 230 Pleasant St., Dartmouth.)

## Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

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## Parent/Guardian & Contact Information:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Bus): \_\_\_\_\_ Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Bus): \_\_\_\_\_ Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

## Alternative Emergency Contact:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone (Bus): \_\_\_\_\_ Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

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## Medical Information:

MSI#: \_\_\_\_\_ Dr. Name: \_\_\_\_\_

Dr. Phone (Day): \_\_\_\_\_ Dr. Phone (Eve.): \_\_\_\_\_

Allergies/Conditions/Medications: \_\_\_\_\_

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I, \_\_\_\_\_ (name of student 19 or older, or parent/guardian), in consideration of myself/my child/my charge \_\_\_\_\_ (child's name) being allowed to participate in classes offered by the Leica Hardy School of Dance, do hereby release and agree to hold harmless and indemnify the Leica Hardy School of Dance, its Artistic Director, consultants and employees, from any and all claims, actions, damages, costs, expenses, without limitation whatsoever, whether consisting of loss, personal injury or property damage that may occur as a result of participation. I acknowledge that I/my child/my charge \_\_\_\_\_ (child's name) am/is in good health and physically fit to participate in any classes offered. I grant my consent to the Leica Hardy School of Dance to take photographs/video of myself/my child/my charge participating in school activities, and to use such materials for promotional and educational purposes without compensation. I have read and understood this agreement and the information contained on the website or student information booklet, and agree to their terms and conditions. I grant permission to the Leica Hardy School of Dance to use the email addresses on page one of this form for school communication purposes.

\_\_\_\_\_  
Signature of student 19 or older, or Parent/Guardian

\_\_\_\_\_  
Date

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Please register me for the following classes: \_\_\_\_\_

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