



Student Registration

(Sept. 1, 2020-Aug. 31, 2021)

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: _____

Contact Information (Please complete applicable 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): _____

Medical Information:

MSI#: _____ Dr. Name: _____

Dr. Phone (Day): _____ Dr. Phone (Eve.): _____

Allergies/Conditions/Medications: _____

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, illness, and/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 all policies published on the website, the *Health Safety Plan* and *Health Screening Questionnaire*, 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

Please register me for the following classes: _____

How did you hear about us? _____
