

**REGISTRATION INFORMATION**

**Rythum Plus Dance Company**

**(905)643-8880**

(Please Print clearly)

Student's First Name	Student's Last Name	Date of Birth MM/DD/YY
Program	Start Date MM/DD/YY	Fee

Medical Informatin we need to be aware of:

**General Realease - registration will not be processed without a signature.**

I, on behalf of myself, my heirs, personal representatives, or assigns, or as the legal guardian of the minor registrant, do hereby release, indemnify and save harmless, waive, and forever discharge the Rythum Plus Dance Company, its director employees, volunteers and agents from liability from any and all claims resulting in personal injury, accidents or illness, and property loss arising from, but not limited to, partipation in activities, cloasses, observation, and use of facilities, premise, or equipment. I further authorize the Rythum Plus Dance Company to obtain any medical care deemed necessary in the event of an injury and agree to pay for any resulting medical expenses. By signing this form, I acknowledge having read, understood and agreed to this waiver, release and indemnity.

Parent/Guardian's Signature	Email Address	
Parent/Guardian's First Name	Parent/Guardian's Last Name	
Address	City/Town	Postal Code
Phone Number	Parent/Guardian's Driver's License Number	

**METHOD OF PAYMENT**

VISA

Mastercard

AMEX

Automatic Withdrawal (void cheque)

Debit

Posted Dated Cheque

**Credit card Information**

Card #

Exp

Card Holder Name (please print)

Signature (not valid unless signed)

*Office use only*

Registration Guidelines Form signed

Direct Deposit Form signed

DD Void Cheque received

