

**REGISTRATION INFORMATION****Rythum Plus Dance Company****(905)643-8880****Family Information (please print clearly)**

Adult/Guardian's Family Name	Adult's First Name	
Family Address	City/Town	Postal Code
Home Phone #	Mobile Phone #	
Email Address		

**General Release - 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, participation in activities, classes, 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.

Name	Signature
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**Family Medical Information**

Participant's Family Name	First Name	Sex M/F
		Birthdate MM/DD/YY
Program	Start Date MM/DD/YY	Fee

**METHOD OF PAYMENT**

- VISA
- AMEX
- Mastercard
- Debit
- Cash
- Automatic Withdrawal (Cheque)
- Cheque -payable to Rythum Plus Dance Company

**Total Amount** \$ \_\_\_\_\_

**Credit Card Information**

Card #
Expire Date

Card Holder Name (please print) \_\_\_\_\_

Signature (not valid unless signed) \_\_\_\_\_

*Office use only*