



2011 Rugcutterz SUNDAY PROGRAMS REGISTRATION FORM

DATE	/	/
MONTH	DAY	YEAR

HIP HOP FEES (HST not included)

8 Weeks - March 27 - May 29* **\$89** plus HST \$____.____
6-9 years
1 pm - 2 pm

8 Weeks - March 27 - May 29* **\$89** plus HST \$____.____
10+ years
2 pm - 3 pm

JIVIN JITTERBUGS FEES (HST not included)

8 Weeks **\$89** plus HST \$____.____
March 27 - May 29*
4-5 years
12:15 pm - 1 pm

Subtotal \$____.____
13% H.S.T. \$____.____
Total \$____.____

*Excludes Sunday April 24 and Sunday May 22

FOR OFFICE USE ONLY

Student Name: _____

METHOD OF PAYMENT

- Credit Card Payment
- Cash
- Cheque
- Debit Card

Visa



MasterCard



American Express



Credit Card Number: Expiry Date:

Name on Card: _____ Signature: _____

Employee Signature _____

-over-



2011 SUNDAY PROGRAMS REGISTRATION FORM

STUDENT I.D# _____

DATE / /
MONTH DAY YEAR

HOP HOP JIVIN' JITTERBUGS

PERSONAL INFORMATION

Child's Name: _____
LAST MIDDLE INITIAL FIRST

Address: _____ Apt/Unit #: _____

City: _____ Postal Code: _____

Home Phone: () _____ Home Email: _____

Date of Birth: _____ / _____ / _____ Gender: Male Female Age: _____ (as of September 4th)
MONTH DAY YEAR

CONTACT INFORMATION

Father's Name: _____
LAST MIDDLE INITIAL FIRST

Work Phone: () _____ Cell: () _____

Email: _____

Mother's Name: _____
LAST MIDDLE INITIAL FIRST

Work Phone: () _____ Cell: () _____

Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Phone Number: () _____

Relationship to Child: _____

MEDICAL INFORMATION

Health Card Number: _____

Allergies/Medications: Yes No If Yes, Please list: _____

Medical Conditions: _____

I hereby certify that my child is in good physical condition and is able to participate fully in this program. All current medical conditions requiring medication are outlined above. I understand the inherent risk involved in the physical activity of dancing and I release Rugcutterz Danz Artz School and its teachers, directors, managers and owners from any liability in case of accident or injury. I understand that all classes will be conducted in the safest possible manner by trained professional instructors. In addition, I hereby give permission to Rugcutterz Danz Artz to photograph and video my child for class purposes, and that these photos and/or videos may be used for advertising purposes.

SIGNATURE

Parent/Guardian: _____ Date: _____