

SWANSEA SCHOOL OF DANCE - REGISTRATION FORM 2008 - 2009

CHILD'S FIRST NAME	CHILD'S LAST NAME	BIRTHDATE

Name of parent/guardian: _____

Address: _____

e-mail: _____ Phone (home): _____

Phone (bus.): _____ Phone (cell): _____

Additional Contact: _____ Phone: _____

Medical Concerns (allergies etc): _____

THE FOLLOWING WAIVER MUST BE COMPLETED FOR ALL STUDENTS. PLEASE READ BEFORE SIGNING.

I hereby certify that my child/children is/are in good physical condition and able to participate fully in the Swansea School of Dance program. All current medical conditions and those requiring medication are outlined on this form or attached. I release the Swansea School of Dance and its teachers from liability in case of accident or injury howsoever caused. Swansea School of Dance reserves the right to place students in the most appropriate level depending on age and ability.

Swansea School of Dance has my permission to use photos of my child/children for the school's website (www.swanseaschoolofdance.com) and promotional material.

In the case of withdrawal, post dated cheques will be returned provided notice has been given at least two weeks prior to the commencement of the next term. Otherwise, no refunds will be granted after the commencement of classes. All programs and classes are subject to change pending registration.

Signature of parent/guardian _____ Date _____