

# LAKESHORE'S DANCE CLASSES

## WINTER SESSION – includes dance recital

### Registration Form

**10 WEEK SESSION**  
**BEGINS WEEK OF JANUARY 16<sup>TH</sup>, 2012**

Please complete appropriate box

Check off here:

**MONDAYS**

<b>HIP HOP JUNIORS</b>	Ages 6 and up	6:45-7:45pm	\$50.00 _____
<b>HIP HOP ADVANCED</b>		7:45-8:45pm	\$50.00 _____

**TUESDAYS**

<b>HIP HOP JUNIORS</b>	Ages 6 and up	6:30-7:30pm	\$50.00 _____
<b>HIP HOP ADVANCED</b>		7:45-8:45pm	\$50.00 _____

**SATURDAYS**

<b>DANCE FUSION – LEARN A MIX OF DANCE STEPS!</b> Ballet – tap- jazz- hip hop			
Ages 3-4 years		9:00am-9:45am	\$50.00__
Ages 3-4 years		10:00am-10:45am	\$50.00__
Ages 5-6 years		11:00am-11:45am	\$50.00__
Ages 5-6 years		12:00pm-12:45pm	\$50.00__
Ages 7-9 years		1:15am- 2:00pm	\$50.00__

**Child's Name:** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Full Mail Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Alternate Emergency Phone/cell :** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Parent's/Guardian's name:** \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY ALLERGIES (FOOD RELATED OR ENVIRONMENTAL AND/OR MEDICAL CONCERNS/NEEDS/MEDICATION):** yes \_\_\_\_\_ none \_\_\_\_\_

**Impairment/Disabilities):** yes: \_\_\_\_\_ none: \_\_\_\_\_

Ontario Health Insurance card # \_\_\_\_\_ (for injuries/sickness requiring emergency response, 911 will be called immediately and parent notified immediately)  
 For non-emergency injuries/sickness, parents will be notified by phone by Supervisor in charge.

**PEANUT ALERT!!-** No peanut products please-we are asking that no peanut products be brought to the program in snacks.

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Children participating in this program must be supervised by a parent/guardian during their scheduled activity if indicated in program itinerary or instructor's request.

It is also understood that reasonable safety precautions will be taken during the activity by the facilitators voluntarily assisting in the activity.

I am also aware that there are always risks associated with any physical activities resulting from my child participating in the program. Having knowledge of these risks and in being allowed to participate in the program, I hereby assume all risk of injury, damage and liability arising from such activities or use of any equipment and hereby release the Town of Lakeshore, its officials, employees and agents and waive any right of recovery I might have to bring a claim or lawsuit against them for any personal injury, death or other consequence occurring to my child/children as a result of their voluntary participation in the activities registered for.

Please make cheque payable to the Town of Lakeshore. Please request your receipts at time of payment.

Date: \_\_\_\_\_

Signature of Parent/Guardian:

\_\_\_\_\_

**Please note: All classes are subject to minimal registrations requirement.**

**Payment option: cheque or cash accepted at time of registration + (credit cards called in or in person at the Rec. Services offices Monday through Friday 8:30am to 4:30pm @ 519-727-0470 – 962 Old Tecumseh Road, Puce, Ontario**