



THE COAST ACADEMY OF
DANCE
AND PERFORMING ARTS

REGISTRATION FORM

STUDENT NAME _____ HOME PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

FATHER'S NAME _____ WORK PHONE _____

PARENTS' CELL #: _____ STUDENT CELL PHONE: _____

FULL MAILING ADDRESS, INCLUDING POSTAL CODE _____

DATE OF BIRTH _____

PARENTAL E-MAIL ADDRESS _____

ACADEMIC SCHOOL _____

OTHER FAMILY MEMEBER IN THIS ACADEMY FROM THE SAME HOUSEHOLD _____

PLEASE INFORM US OF ANY MEDICAL PROBLEMS, PHYSICAL LIMITATIONS, ETC (use additional sheet if needed.).

NEW STUDENT _____

REGISTRATION FEE OF \$15.00 DUE UPON COMPLETION OF THIS FORM.

I understand that neither Julie Izad nor her teaching staff will be held responsible in the unlikely event of an accident or injury at 5645 Wharf Avenue, Sechelt or at any other premise where we may be dancing/performing.

SIGNATURE _____ DATE _____

Parent/Guardian