

# The Coast Academy of **DANCE** & Performing Arts

## REGISTRATION FORM

STUDENT'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT'S CELL # \_\_\_\_\_ STUDENT'S CELL # \_\_\_\_\_

FULL MAILING ADDRESS

\_\_\_\_\_

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PARENTAL E-MAIL ADDRESS \_\_\_\_\_

ACADEMIC SCHOOL \_\_\_\_\_

OTHER FAMILY MEMBERS IN THIS ACADEMY \_\_\_\_\_

PLEASE INFORM US OF ANY MEDICAL PROBLEMS, PHYSICAL LIMITATIONS, ETC.

\_\_\_\_\_

NEW STUDENT \_\_\_\_\_

ANNUAL REGISTRATION FEE OF \$15 DUE UPON COMPLETION OF THIS FORM

I understand that neither Julie Izad, Christina Fitchett 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. I also understand that fees are to be paid in full in order for students to attend classes or participate in any performances. I do not hold the academy responsible for lost or stolen items.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_