



*Registration Form*

**Information : Dancer**

Name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Date of birth (**dd-mm-yyyy**) ; \_\_\_\_\_ Age : \_\_\_\_\_

Dancer's email : \_\_\_\_\_

Cell Phone (Dancer): \_\_\_\_\_

Dancer's medical problems : \_\_\_\_\_

Language Preference :  **English**     **French**

**Information : Parents**

First name and last name of the mother: \_\_\_\_\_

Work phone (mother): \_\_\_\_\_

Cell phone (mother): \_\_\_\_\_

Home telephone : \_\_\_\_\_

Email (mother): \_\_\_\_\_

Language Preference :  **English**     **French**

First and last name of the father: \_\_\_\_\_

Work phone (father): \_\_\_\_\_

Cell phone (father): \_\_\_\_\_

Home telephone : \_\_\_\_\_

E-mail (father): \_\_\_\_\_

Language Preference :  **English**     **French**



<p><b>Emergency Contact # 1</b></p> <p>Name : _____</p> <p>Relationship : _____</p> <p>Phone 1 : _____</p> <p>Phone 2 : _____</p>	<p><b>Emergency Contact # 2</b></p> <p>Name : _____</p> <p>Relationship : _____</p> <p>Phone 1 : _____</p> <p>Phone 2 : _____</p>
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**Dance(s) selected:**

1 : _____	4 : _____
2 : _____	5 : _____
3 : _____	6 : _____

**Payment information**

Date received: (dd/mm/yy)	Method of Payment:	Check #	Check Date: (dd/mm/yy)	Amount:	Received by:
1. _____	_____	_____	_____	\$ _____	_____
2. _____	_____	_____	_____	\$ _____	_____
3. _____	_____	_____	_____	\$ _____	_____

Name on check(s): Father \_\_\_ Mother \_\_\_ Other : \_\_\_\_\_

**Notes:** \_\_\_\_\_