



**oland &
omaine School of Dance**

*Sharing our Love of Dance
Since 1960*

KINDERDANCE REGISTRATION FORM

STUDENT INFORMATION

_____		_____	
Last Name	First Name	Date of Birth Day/Month/Year	Home Phone
_____		_____	
Address		Cell Phone	
_____		_____	
City	Postal Code	Email	
_____		_____	
ALLERGIES/MEDICATIONS/OTHER		EMERGENCY CONTACT NAME & NUMBER(S)	

DAY	CODE	TIME	Fall Session	Winter Session	Spring Session

**THERE IS A NO REFUND POLICY ON ALL PROGRAMMES UNLESS CANCELLED
BY ROLAND & ROMAINE MANAGEMENT**

LIABILITY RELEASE:

I hereby certify that the above named child is in good physical condition and is able to participate fully in this programme. All current medical conditions have been outlined on this form. I understand the inherent risk involved in the physical activity of dancing and I release Roland & Romaine Productions Ltd. and its teachers from liability in case of accident or injury. I understand that all classes will be conducted in the safest possible manner by trained professionals.

_____	_____	_____
Name of Parent/Guardian (please print)	Signature of Parent/Guardian	Date

Returning Student _____ New Student _____ (How did you hear of us?) _____

