



**oland &
omaine**

School of Dance and Performance
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STORYDANCE REGISTRATION FORM

STUDENT INFORMATION

 Last Name First Name

 Date of Birth Home Phone

 Address

 Business Phone Cell Phone

 City Postal Code

 Email

 ALLERGIES/MEDICATIONS/OTHER

 EMERGENCY CONTACT NAME & NUMBER(S)

DAY	CODE	TIME	Fall Session	Winter Session	Spring Session

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

PLEASE CHECK: NEW STUDENT _____ RETURNING STUDENT _____

Please note that a \$25.00 administrative fee will be charged on all NSF cheques.

Session	Balance	Date	Amount Paid	Pmt method
Fall Session				
Winter Session				
Spring Session				

Credit card Information:

Visa MasterCard CC# _____ Expiry: _____

Name on Card (please print) _____

Authorization Signature for use of my credit card _____

Please PRINT name of the *CLAIMANT* for the CHILDREN'S FITNESS TAX CREDIT receipt if different from the payment information above.

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

Administrative Notes:

PLEASE CHECK: NEW STUDENT _____ RETURNING STUDENT _____