The Coast Academy of DANCE & Performing Arts

REGISTRATION FORM

STUDENT'S LAST NAME:	FIRST:	AGE:	BIRTH DATE: M / D / Y	SEX:
				☐M ☐F

STUDENT'S CELL PHONE:	STUDENT'S EMAIL ADDRESS:

PARENT(S)/GUARDIAN NAME:	HOME PHONE:	CELL PHONE:

WORK PHONE:	PARENT'S EMAIL ADDRESS:

MAILING ADDRESS:	CITY:	POSTAL CODE:

ACADEMIC SCHOOL:	GRADE:	OTHER FAMILY MEMBERS IN THIS ACADEMY:

Please list any medical conditions, allergies, physical limitations we should be aware of:

One form per student *($25 Annual Registration Fee to be submitted with registration form)*

I give permission to allow photographs and/or video to be taken of my child for instructional, promotional or performance purposes: ☐**YES** ☐ **NO**

I give permission for my child's photograph and/or video to be released for promotional, recognition or performance purposes: ☐**YES** ☐ **NO** (newspaper, newsletter, CAD website, CAD Facebook page, Instagram)

I have read and accept all Coast Academy Policies_____ (please INITIAL)

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. 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** _____

OFFICE USE: **REGISTERED CLASSES**

CLASS NAME	DAY	TIME	STUDIO	LENGTH OF CLASS

TOTAL HRS OF DANCE:		TOTAL HRS OF DANCE OTHER FAMILY MEMBERS:		TOTAL HOURS:		= COST	$	+ $25 REG FEE	= TOTAL	$

PAYMENT PLAN (to be completed by CAD)