

THE COAST ACADEMY OF DANCE & PERFORMING ARTS

REGISTRATION FORM

STUDENT'S LASTNAME:	FIRST:	AGE:	BIRTH DATE: M / D / Y	SEX:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
STUDENT'S CELL PHONE:		STUDENT'S EMAIL ADDRESS:		
<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>		
PARENT(S)/GUARDIAN NAME:		HOME PHONE:	CELL PHONE:	
<input style="width: 90%;" type="text"/>		<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
WORK PHONE:	PARENT'S EMAIL ADDRESS:			
<input style="width: 80%;" type="text"/>	<input style="width: 90%;" type="text"/>			
MAILING ADDRESS:	CITY:	POSTAL CODE:		
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		
ACADEMIC SCHOOL:	GRADE:	NUMBER OF YEARS IN DANCE:		
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		

ONE FORM PER STUDENT (\$25 ANNUAL REGISTRATION FEE TO BE SUBMITTED WITH REGISTRATION FORM)

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

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 and TIK TOK)

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, illness, 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. I have read your new CAD Covid-19 safe operations policy and understand I am not to bring my child to dance if and when they are experiencing flu like symptoms.

PARENT'S SIGNATURE _____ DATE _____

OFFICE USE:

REGISTRATION CLASSES

CLASS NAME	DAY	TIME	STUDIO	LENGTH OF CLASS

TOTAL HRS OF DANCE: _____ **TOTA HRS OF DANCE OTHER FAMILY MEMBERS:** _____ **TOTAL HOURS:** _____ = \$ _____ + 25 = **TOTAL COST REG FEE TOTAL FOR YEAR** _____

PAYMENT PLAN (TO BE COMPLETED BY CAD)

PAYMENTS RECEIVED:

PAYMENTS OWING: