

CYDT-Toronto REGISTRATION FORM

STUDENT INFO: Returning Student New Student Company member Ignite Student

First Name _____ Last Name _____

Address _____ Email Address _____

City _____ Province _____ Postal Code _____

Male Female

Home Phone _____ Cell Phone _____ Birthdate ___/___/___ Age ___ (as of Sept)

Health Card Number _____

Allergies/Medications _____

Parent/Guardian Information

Mothers Name _____

Mothers Address _____

Mothers Email _____ Mothers Cell _____

Fathers Name _____

Fathers Address _____

Fathers Email _____ Fathers Cell _____

Emergency Contact Name _____ Phone _____

Release Forms

I hereby certify that my child _____ is in good physical condition and is able to participate fully in this program. All current medical conditions are outlined in this form. I understand the inherent risk involved in the physical activity of dancing and I release CYDT and its teachers from liability in case of an accident or injury. I understand all classes will be conducted in the safest possible manner by trained professional instructors.

Name of Parent/Guardian _____ Signature _____ Date _____

Withdrawal/Refund Policy

I understand that all fees are non-refundable. Signature _____ Date _____
Students withdrawing must provide written notice of withdrawal before the next installation is due. Otherwise payments will be processed and no refund will be granted. Full year payments are non-refundable.

Email and Mailing Address

I would like to be on the postal and electronic mailing list Signature _____ Date _____
I understand that my contact information will remain in the possession of CYDT for company/program purposes only.

Photo/Video Release

I hereby give Children and Youth Dance Theatre the right and Signature _____ Date _____
Permission to publish, without charge, photographs or videos taken of my child participating in performances and classes at the CYDT program. These photographs/videos may be used in publications, including electronic publications or in audiovisual presentations, literature, advertising or in similar ways. I waive all rights to the photographs and allow them to be used for their intended purposes. I understand that no fee or reimbursement will be offered.

If you do NOT wish photos/videos of your child to be used, check here

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THIS SIDE IS FOR OFFICE USE ONLY

	Class Genre	Class Level	Day	Time	Total Cost
1 class					
2 classes					
3 classes					
Mini Comp.					
Pre-Comp					
Comp					

PAYMENTS MADE:

INSTALLMENTS

1st Installment \$ _____ Date(mm/dd/yyyy_____/_____/_____) On Line Cash – Receipt/Confirmation # _____
 Due: At registration September or no later than end of October

2nd Installment \$ _____ Date(mm/dd/yyyy_____/_____/_____) On Line Cash – Receipt/Confirmation # _____
 Due: last Saturday in January

3rd Installment \$ _____ Date(mm/dd/yyyy_____/_____/_____) On Line Cash – Receipt/Confirmation # _____
 Due: last Saturday in March

CYDT IGNITE PROGRAM

- All returning Ignite students must bring in a new letter of recommendation for their school.
- All school sending recommendations letters must be an Ignite school

Special Promotions: Please check on site. Details _____

OPTIONAL ADDITIONAL FEES:

- Recital Video \$20 (Optional: Due on the first Saturday in June)