

M.D. #17 Dance Program Registration 2011

Participants Full Name: _____

Gender (M or F) please circle one.

AHC#/Treaty # (Need to have ABH #): _____

Parents mailing Address(s): _____

Please circle which community you are from: **Wabasca**, or **Sandy Lake**

DOB (mm / d d / y y) and Age: _____

Allergies Medical Info:

Parent/Guardian 1: _____ . PH: _____

Parent/Guardian 2: _____ . PH: _____

Please provide any extra contact information in the space provided bellow e.g.; email addresses, extra phone numbers:

Although the instructor will be teaching elements from various styles listed below, please check off your child's favorite dance style(s) of interest:

Modern Hip-hop Ballet Jazz Lyrical Powwow Métis, other: _____

Please circle the age category participant falls under

Ages 5-7

Ages 8-10

Ages 11-12

Ages 13-17

Parent/Guardian (Print & Sign): _____

DATE: _____

***ALL FEES and deposits must be received in full before the participant attends his/her first class. Registrations received after, September 19, 2011 will be accepted according to roster availability, if accepted at all.*

Forms must be dropped off with Eli Cardinal at the Wabasca M.D. office prior to dance classes.

I do hereby permit my child to participate in the M.D. #17 Dance program. I understand that the M.D. #17 Dance program will not be held responsible for any accident or injury sustained by my child during this program. By signing this form, I agree to adhere and consent to the freedom of information and protection of privacy notice, rules, bylaws, and code of conduct of the M.D. #17 Dance program. I agree not to post any pictures of teammates on any avenue of the Internet (e.g. facebook) without permission.

I/We hereby give consent for me, or my child's and/or my photograph (individual and/or group photographs) to be taken during M.D. # 17 Dance program activities.

I/We also give consent for the M.D. #17 Dance program to disclose my child's name, birth date, address, phone number, treaty # (If applicable), and health care number OR my name, address, phone number, and e-mail address to: Health authorities should the need arise, Dance Alberta and/or for registration with Alberta Government agencies for grant/casino applications, and M.D. #17 Dance program.

Signature

Date