

*Alive Danceworks Ltd.*

4251 Bow Trail SW, Calgary AB T3C 2G1  
Phone: (403) 246-5511 Fax: (403) 217-5186  
[www.alivedanceworks.com](http://www.alivedanceworks.com)

**REGISTRATION FORM**

**Studio (circle one) Bow Trail 85<sup>th</sup> Street**

**STUDENT'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_ **HOME PHONE #**( ) \_\_\_\_\_ - \_\_\_\_\_

**PARENT/GUARDIAN CELL #**( ) \_\_\_\_\_ - \_\_\_\_\_

**EXPERIENCE:**

**PREVIOUS DANCE SCHOOL:** \_\_\_\_\_

**YEARS OF EXPERIENCE:** \_\_\_\_\_

**WHAT STYLES:** \_\_\_\_\_

**EMERGENCY CONTACT**

**NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**PHONE #**( ) \_\_\_\_\_ - \_\_\_\_\_

**PERMISSION/LIABILITY**

I will not hold Alive Danceworks Ltd, staff or landlord responsible for any accidents which may occur in dance activities.

**MEDICAL WAIVER**

I authorize the adult in charge of Alive Danceworks Ltd. classes to arrange and grant permission to appropriate medical authorities for health care as he/she deems necessary for my well being.

MedicalConcerns/Information: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

**DESIRED CLASSES**

<b>TYPE</b>	<b>DAY</b>	<b>TIME</b>