



Defalco Dance Training Centre



New Student Information Form		
Student Name:		
Address:		
City:	Province:	Postal Code:
Home Phone:		Alternative Phone:
Main Contact Email Address:		
Student Age:	Student Date of Birth:	
Previous Training:		
Please list any medical/physical conditions or injuries that could affect the student's training (<i>confidential</i>):		
<i>If under 18 years of age~ please complete:</i>		
Parent/Guardians Name:		Daytime Phone:
Emergency Contact:		Phone:
Health Insurance Number:		Expiry:
Person responsible for Payment (<i>if different from Student Name</i>):		
Contact Information:		
<p>WAIVER:</p> <p>I, _____, as student/parent/guardian understand, upon acceptance of my application, that I sincerely pledge to obey all rules and regulations which were formulated for the purpose of keeping order in the training centre and for the protection of students from injury. I further acknowledge and understand that risk of personal injury is involved that requires my strict adherence to these rules and regulations and to the Instructor's discipline. In consideration of accepting my application and a further consideration of the term fees, required by the training centre, I, my heirs, executors or administrators do hereby forever release, remise and discharge from all responsibilities and all claims for injury which I may receive while practising dance; and the student/parent/guardian hereby requests, that this application, be accepted, and in consideration of this acceptance, hereby agrees to indemnify the Defalco Dance Training Centre Inc. and Ottawa Chito-Kai Karate School Inc. and its President, Instructors, Employees, Members, and authorized guests, of and from all claims made by or on behalf of the Applicant.</p> <p>I have read and understand all of the aforementioned rules and regulations and sincerely pledge to adhere to them and the Instructor's discipline.</p>		
Signature:		Date:
How did you hear about the studio?		