

Dance Kraze Productions
Junior Kids, Kids/Teen Hip Hop Dance Program Registration
2011/2012

Date _____		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">F</td> </tr> </table>		M	F
M	F				
Participants Last Name _____	Participants First Name(s) _____	Age(s) _____	Sex _____		
Parent's/Guardian's Last Name _____	Parent's/Guardian's First Name _____				
() _____ Home Phone	() _____ Work Phone	() _____ Cell Phone	Emergency Name & Number _____		
Address _____	Email _____				
City, Province, Postal Code _____					

Note: One form per student.

Experience & Medical Info

Dance Experience (how many years dancing, what styles) _____	
Medical Conditions (if any) _____	Allergies (if any) _____
Where did you hear about this Dance Kraze Hip Hop Program (friend, internet, goggle, website...) _____	

Registration Fees & Schedule: Specify number of classes in each price field

1 st Child	Age/Name	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	Full year price	\$450.00	<input style="width: 40px; height: 20px;" type="text"/>
2 nd Child	Age/Name	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	Full year price	\$430.00	<input style="width: 40px; height: 20px;" type="text"/>
3 rd Child	Age/Name	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	Full year price	\$410.00	<input style="width: 40px; height: 20px;" type="text"/>
				Costume	\$ 75 x	= \$ <input style="width: 40px; height: 20px;" type="text"/>

*Select classes for each child, fill in age and name of each child *All prices include 13% HST*

Grand Total _____	Fall Payment _____	Final Payment _____
Payment (Please check one)	Email Bank Transfer or PayPal <input type="checkbox"/>	Money Order <input type="checkbox"/>
	Cheque <input type="checkbox"/>	Cash <input type="checkbox"/>

Make Cheques payable to: Dance Kraze Productions

First half of payment due at time of registration with a post dated cheque (dated Nov10th 2011) for remainder of tuition.

I am aware and agree that I will be signing a Release and Indemnity Agreement prior to the participants involvement in Dance Kraze Hip Hop Dance Program releasing Dance Kraze Productions, Katarina Corbic and their directors, instructors and consultants from claim for personal injury sustained in, on or about the facilities during the Dance Kraze Hip Hop Dance Program 2011/2012. I am aware that the participant cannot participate without this signed consent.

Participants or Parent/Guardian's Signature _____	Date _____
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Mail to: Katarina Corbic, Dance Kraze Productions, 666 Burnhamthorpe Rd, P.O. Box 91012, Etobicoke, Ont. M9C 5N5

For Office Use Only						
	Date Rec.	Payment Rec.	Payment Meth.	Reg. Meth.	Parent	Initial