



Rosedale Children's Scottish Country Dance ~ Registration

For Dance Season: _____

Child 1: _____ Child 2: _____

Date of Birth: _____ Date of Birth: _____

Parent(s): _____

Address: _____

Postal Code: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Home E-mail: _____ Work E-mail: _____

Notes: _____

The best way to get a message to me is by (**highlight or check one**):

Home phone Cell phone Work phone E-mail: _____

Annual Fee: \$150 per child, Sept. to May Enclosed Cheque/Cash for total of: _____
(Cheques payable to: Rosedale Children's SCD)

Photographs

I _____ give permission for my child/children _____
(parent's name) (child/children)

to be photographed and the photographs used for local advertising purposes or to be placed in the RSCDS Toronto newsletter, or website, or the Rosedale website.

Parent/Guardian Signature: _____ Date: _____

Waiver and Release of Liability:

I realize that having my child participate in dance exposes them to some risk of injury from the physical activity and interaction with other participants. I understand that the class teachers will exercise care and due diligence but, should any liability issue arise, I release the organization, its officers, instructors, and helpers from all liability.

In the event of an accident or injury, if I am not present, I authorize the organizers to summon qualified medical help on my behalf.

Parent/Guardian Signature: _____ Date: _____