



Dance Registration Form - Youth

Child's Name: _____ Age: _____
Parent/Guardian Name: _____
Address: _____ City/Prov: _____ Postal Code: _____
Phone: () _____ Work/Cell: () _____
Emergency Contact & relationship: _____ Phone: _____
Email Address: _____
How did you hear about Tone? _____

Information must be entered by Tone Fitness and Dance Ltd. representative:
Name of Dance Session: _____
Class Day: _____ Class Time: _____ Start Date: _____
Instructor: _____
Regular Price \$ _____
Promo Discounts if applicable \$ _____ note: _____
Total Price \$ _____
GST \$ _____
Total Contract Price \$ _____
Method of Payment (circle): Visa Mastercard Cash Cheque Interac

Parent/Guardian Agrees: I further advise Tone Fitness and Dance Ltd. that I have taken all precautions, whether consulting my child's physician or not, and state that my child is physically capable of engaging in this dance session. I hereby release Tone Fitness and Dance Ltd., it's agents, servants, or employees from any and all liability, claim or demand on account of or related in any way to injury or disease my child may suffer as a result of the foregoing and assume all risks in connection therewith. I also understand that during my child's class that she/he must be able to be without a parent or guardian for the 45 minute class. Parents are not allowed to stay in the studio while the class is in session.

Medical Questionnaire- If you answer YES to any of the following questions and your doctor has said it is OK for your child to take part in our classes, please inform your instructor of this and follow the directions he/she has given you. If you answer NO to all of the questions, you can be reasonably assured of your child's present suitability to take part in our classes.

Is your child on any medications? Yes No
Has your Doctor ever said they have heart trouble?
Does your child have asthma or allergies?
Are there any other health concerns that your child's instructor should be aware of? If yes, please explain.

Parent signature: _____

Tone Authorization: _____ Date: _____

Email Consent

In accordance to Canada's Anti-Spam Laws, you must give your 'Express Consent' for Tone to send you email. We must keep record of your consent on file in the event that we are chosen for a random edit in the future.

Parent Name: _____ Date: _____

Initial here to give Tone permission to send you emails.
session start dates, news, deals - no spam, you can unsubscribe any time.

Initial here if you authorize Tone Fitness and Dance Ltd. to photograph and/or video tape you during events, and for the images and/or recordings to be published, reproduced, or distributed by Tone Fitness and Dance Ltd. on their website, recruitment materials, and ads without compensation.