



BALLERINA DREAMS Registration Form

Dancer Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: (DD/MM/YR) \_\_\_\_\_ Alberta Health Care #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Alternate)

Emergency Contact: \_\_\_\_\_

\*Special Needs/Instructions: (please be specific, allergies, medications, medical concerns, restrictions, injuries, adaptive equipment, etc.)

\_\_\_\_\_

\*\*\*\*\*

Basic Dress Code Includes: Hair up and off the face. Dance wear and indoor shoes only.

Girls: pink ballet slippers, pink body suit, pink tights

Boys: white shirt, black ballet slippers, shorts

\*\*\*\*\*

Cerebral Palsy Association in Alberta Policies

- 1. Registration fee is due at time of registration and is non-refundable
2. Program is limited to a maximum enrolment

Waiver: The Cerebral Palsy Association in Alberta and DanceCo Ltd will not assume liability for any lost or stolen property or for any and all liability for any loss, damage, expense or injury.

I have read, understand and accept the above policies and waiver: Date: \_\_\_\_\_

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

Registration Fee: \$ 50.00 Date Paid: \_\_\_\_\_ Paid By: Cash or Cheque #: \_\_\_\_\_

Please return completed form to: Cerebral Palsy Association in Alberta
17231 105Ave
Edmonton, AB T5S 1H2