



Office Use Only:
FID: _____
SID: _____

2010-2011 REGISTRATION FORM

Name: _____ Birthday: _____ Age: _____ Grade: _____

Health Card #: _____ Email: _____

Home Phone #: () _____ Address: _____ City: _____ Postal Code: _____

Parent/Guardian #1 Name: _____ Cell phone #: _____

Parent/Guardian #2 Name: _____ Cell phone #: _____

Emergency Contact Name: _____ Phone #: _____

Medical Information: (Allergies, injuries, and/or Medical Conditions): _____

Age Group	Type of Dance Class	Day of the Week	Time

Contact the studio directly for **PRICING** information. We require a \$150 Non-Refundable Deposit per class enrolled.
All post-dated instalments must be received in order to confirm enrollment at ViBE.

Instalment Plan:

- | | | | | | |
|----------------------|---|-------------|---|---------------|-----------------|
| Deposit | ▶ | Date: _____ | ▶ | Amount: _____ | Cheque #: _____ |
| Instalment #1 | ▶ | Date: _____ | ▶ | Amount: _____ | Cheque #: _____ |
| Instalment #2 | ▶ | Date: _____ | ▶ | Amount: _____ | Cheque #: _____ |
| Instalment #3 | ▶ | Date: _____ | ▶ | Amount: _____ | Cheque #: _____ |
| Instalment #4 | ▶ | Date: _____ | ▶ | Amount: _____ | Cheque #: _____ |
| Instalment #5 | ▶ | Date: _____ | ▶ | Amount: _____ | Cheque #: _____ |
| Instalment #6 | ▶ | Date: _____ | ▶ | Amount: _____ | Cheque #: _____ |

Register ONLINE vibestudio.ca

Payment Method Options:

- Cheque payable to "ViBE"
 - VISA Card #: _____ Expiry Date: _____
 - MasterCard Card Holder Name: _____
- Signature: _____

I agree to be bound by the information in the ViBE Information Pamphlet and I acknowledge that there is a risk of injury involved in dance and fitness classes. I accept the risk and release ViBE Studio Productions Inc. from all liability. I accept that the deposit is non-refundable, and post-dated payments will not be returned upon withdrawal. I allow ViBE Studio Productions Inc. to use photos/images of my children for promotional use at any time.

Date: _____ Parent/Guardian Signature: _____