



The Martha Hicks School of Ballet Inc.

2384 Yonge St. West Side 2nd Floor, Toronto, ON, M4P 2E0
Phone: 416.484.4731 e-mail: office@mhsb.ca

Family ID = New

For Office Use Only
Confirmation Letter

Handed To Mailed

Registration Form (2010-2011)

To register with The Martha Hicks School of Ballet (herein after "the School") for the 2010-2011 school year, please complete the information listed below.

Family Information	
Last Name:	Home Phone:
Primary email address where information for parents should be sent:	Alternate email address where information for parents should be sent:
Primary email account holder's relation to student (eg Mom, Dad):	Alternate email account holder's relation to student (eg Mom, Dad):
<input type="checkbox"/> I do not have an email address	

Student Information				
First Name	Last Name	Birthday	Health/Allergy Info	Special Attention Required
<i>Please add new students below.</i>				
New				
New				
New				
New				
New				

Address Information					
Type	Street Address	City	Province	Postal Code	Family Member at this Address
<i>Please add address information below.</i>					
Main	<i>To specify an additional address where information for parents should be sent please add the address below.</i>				
Alternate	<i>To specify an additional address where financial information should be sent please add the address below. If not specified, financial information will be sent to the main address.</i>				
Billing					

Please turn over

Contact Information

Relationship to Student	First Name	Last Name	Home Phone	Work Phone & Extension	Cell
Please ensure we have an emergency contact on file.					
Emergency Contact					
Doctor					

WAIVER - PLEASE INITIAL IN BOX

The undersigned agrees to save harmless, indemnify and release the School, its officers and directors, employees, volunteers, successors and assigns (the "Releasees") from any liability, cause of action or damages howsoever caused, including but not limited to any act, error or omission on the part of the Releasees. The undersigned acknowledges the risks of the instructional program and voluntarily assumes all such risk.

The undersigned agrees to release the Fairlawn Heights United Church, Lawrence Park Community Church, The Anglican Church of St. Clement, Armour Heights Presbyterian Church, and St. Cuthbert's Anglican Church or other third party facilities, their staff and members from all claims for damages that are caused by or arise from the participation of the registrant named herein during the instructional program of the School.

The undersigned authorizes the School to take all reasonable steps to respond to a medical or other emergency, including but not limited to the providing of immediate first aid and obtaining professional medical assistance.

I have read, understood and agree to the foregoing terms and conditions.

Signature of Parent or Authorized Guardian

Date

The undersigned acknowledges that the information collected above is required to complete the registration process and will be used for the following purposes: to prepare class or group lists, to assess the experience and skill level of the student, to contact parents and guardians in case of emergency or at other times, to keep you informed of School news and events, and to maintain accounting and business records. The undersigned consents to the collection and use of this information by the School.

I have read, understood and agree to the terms and conditions as outlined in the Studio Policy, and Withdrawal Policy. These documents are available to review or download at www.mhsb.ca.

Signature of Parent or Authorized Guardian