



REGISTRATION FORM

2501 Rutherford Rd. Unit 21 Vaughan, Ontario.

E-mail: TheDanceStream@gmail.com

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tel: 905 - 303 4776

DANCE STREAM

Student Name: _____

Date of Birth: ____/____/____ Age ____ F / M
DD MM YYYY

Address: _____

Parent/Guardian Name: _____ Cell: _____

Parent/Guardian Name: _____ Cell: _____

E-mail Address: _____

Allergies/Medications: Yes ☐ No ☐ If Yes, Please list: _____

Medical Conditions:

I hereby certify that my child is in good physical condition and is able to participate fully in this program.

All current medical conditions requiring medication are outlined above. I understand the inherent risk involved in the physical activity of dancing and I release "Dance Stream Corporation" Sergey & Elena Shvaitser. All teachers, directors, managers, staff, employees and assistants, from any and all liability actions, negligence or lawsuits arising from any activity while in the studio, while using studio facilities or in the studio vicinity and/or relation to any travel conducted by Dance Stream Corporation, including dance competitions attended by Dance Stream Corporation. I understand that all classes will be conducted in the safest possible manner by trained professional instructors. I hereby give permission to "Dance Stream Corporation" to photograph and use photos of myself and/or my children, for promotional use at any time.

CLASSES:

CLASS	DAY	TIME	PRICE

PAYMENT

Credit Card (Visa, Master Card) _____ Cheque (Payable to Dance Stream) _____

Cardholder Name: _____ Card Number _____

Expiry Date: MM/YY Verification Number (CVP): _____

First Session Payment Due of Registration \$ _____ chq# _____

Second Session Payment January 3rd, 2027 \$ _____ chq# _____

Third Session Payment March 23rd, 2027 \$ _____ chq# _____

Costume Payment JAN.5, 2027, \$ _____ chq# _____,

_____ WE will NOT be participating in Year End Recital (please initial)

Parent Signature _____ Date _____

☺ Thank you for choosing Dance Stream Studio ☺