



**RAZZAMATAZZ**  
DANCE CLUB Est. 1989

## Dancer Registration Form

### Dancer Information

Dancer's Name: \_\_\_\_\_ M / F (Circle) Current Age \_\_\_\_\_

Birth Date: \_\_\_\_\_ School : \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Box #*

\_\_\_\_\_ *City* *Province* *ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Number: \_\_\_\_\_ Individual Phin#: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Allergies: \_\_\_\_\_ Health Conditions: \_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* *Province* *ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Wavier

By Signing this form, I the above parent/guardian for the named minor agree to permit the publication of photos, names and age of said minor. I may withdraw my consent at any given time by forwarding written notice to the Razzamatazz Dance Club c/o Box 776 Rivers, MB R0K1X0. By signing this form I understand that while the staff are qualified to instruct and safeguard my child I will assume full responsibility if any accident should occur. I consent to having my child taken care of by the medical staff contacted in such an event.

Signature of Parent Guardian \_\_\_\_\_ Date: \_\_\_\_\_