

## **REGISTRATION FORM**

145 - 11780 River Road, Richmond, BC, V6X 1Z7 (604) 285-1011 www.crystalballroom.ca

STUDENT NAME:			CELL PHONE:	
ADDRESS (APT, S	TREET, CITY, POSTAL CODE):			
EMAIL:		HOME PHONE:		
	LIABILITY & PHOTO	WAIVER & RELEASE		
•	rticipation in dance classes and activities could involve some po form, I/we (the dancer and parent/guardian) assume all risks re d to as "Crystal").		-	-
party or parties und and howsoever aris, which may occur on dance classes and fa I/we agree to grant promotional, comm property of Crystal The undersigned he at any time by conta	reby give express consent to Crystal to send me promotional an	any and all actions, causes of thold Crystal liable for an Furthermore, I/we agree to addition to any damage I/we nd to use or sell any images tion or notification. Any such other material electronical	of action, claims, judgments and demands whatso by personal injury or any personal property dama; obey and abide by all rules and regulations of the may cause to the facilities utilized by Crystal. (still or video) taken of me/us, either for Crystal himages (still or video) shall remain the exclusivally. The undersigned may withdraw his/her cons	oever ge , e e ''s
Student named here	in under 19 years of age and on whose behalf I/we grant these t	releases]		
SIGNATURE: _	student's or legal guardian's if student is under19 years of age	DAT	E:	
PARENT'S/ GUARDIAN'S NAME:		STU AGE	DENT'S	
	please print		if under 19 years of age	
	HOW DID YOU HEAR ABOUT US?			
	WORD OF MOUTH/FRIENDS AND FAMILY			
	FACEBOOK/SOCIAL MEDIA			
	PRINT AD			
	SEARCH ENGINE (GOOGLE)			
	WEBSITE			
	EVENT			
	OTHER (PLEASE SPECIFY):			
	FOR OFFICE	E USE ONLY	<b>.</b>	
DATEPAID:	RECEIVED BY:	PF	ROCESSED BY:	