



Dance Registration

| Last name | First name | Date of Birth |
|--------------------------------------|---------------------|-------------------|
| | | |
| Address | Postal Code | Apt |
| | | |
| Phone Number (Home) | Phone Number (Work) | Emergency Contact |
| | | |
| Parents Last Name | First Name | Language |
| | | |
| Phone Number | | |
| Home: () _____ | | |
| Work: () _____ | | |
| Medicare Card Number | | |
| | | |
| Staff Only | | |
| Amount Due: _____ Amount Paid: _____ | | |
| Staff Signature: _____ | | |
| Date: _____ | | |

In signing this for you hereby give permission to the Boys and Girls Club of Lachine to use any photographs of my child for promotional purposes.

Member Signature: _____

Parent Signature: _____

