

Please return form with payment to:
Confederation Centre of the Arts
Att. Sarah Denman-Wood
145 Richmond Street
Charlottetown, PE C1A 1J1
Phone: (902) 629-1175
Email: performingarts@confederationcentre.com

dance umbrella
a program of Confederation Centre of the Arts
Registration 2018/2019

Student's Name: _____ Parents/Guardian: _____

Mailing Address: _____
_____ Postal Code: _____

Telephone: (primary) _____ (secondary) _____

Email (for class notices, etc. – please use one you check frequently): _____

Date of Birth: _____ (year) _____ (month) _____ (day) Age: _____

Student is ___ new to *dance umbrella* ___ returning from previous/other year(s)

If new to *dance umbrella*, how did you hear about the program? _____

Does the student have any medical conditions of which we should be aware?

Registering for (please include name of class, day, and time):

Please read through and complete the following consent form:

Confederation Centre of the Arts retains the right to cancel any class for which there is insufficient enrollment. Confederation Centre of the Arts will not assume responsibility for any injury resulting from misuse of equipment or failure to comply with the instructions of our staff.

I, _____, parent or guardian of _____ (student's name), hereby register said student in dance class(es) conducted by Confederation Centre's *dance umbrella*, and understand and accept the terms and conditions which apply. I have also read and understand the sheet of "Important Information".

Signature: _____ Date: _____

PLEASE BE ADVISED that classes and performances may be documented by photo and video. These may be used for publicity purposes. If you DO NOT want your child's image to be used, please initial here. _____

**Cheque payments are payable to Confederation Centre of the Arts.
If paying by credit card, please complete the following:**

I authorize payment by credit card: ___ Payment in full ___ 4 payments as outlined in payment plan
Card Number _____ Expiry _____ Signature _____

For Office Use Only:

Total Due _____ Payment Received _____

Method of Payment ___ Credit Card ___ Debit ___ Cash ___ Cheque ___ Post-dated Cheques