



GUEST REGISTRATION FORM

FOR NON MEMBERS OF DDA

494 Wolf Willow Road, Edmonton, AB, T5T 2E8
Phone: (780) 481-2487 Fax: (780) 486-0360

DATE: _____ TIME: _____ CLASS/EVENT/PARTY: _____

GUEST INFORMATION

◆ Participant's Name: _____ Gender: _____ D.O.B.: ____ / ____ / ____

Any recent injuries or limitations we should know about? _____

Any allergies? (Food, drinks, make-up etc.) _____

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Any recent injuries or limitations we should know about? _____

Any Allergies? (Food, drinks, make-up etc.) _____

Family Address: _____

City: _____ Zip: _____ Province: _____

Phone: (____) _____ Email: _____

Mom's Name: _____ Cell: (____) _____

Dad's Name: _____ Cell: (____) _____

How did you hear about DDA? Drive by Friend/Relative Birthday Party Google

Facebook Referred by _____ Other _____

Would you like to receive DDA emails featuring exclusive offers and special events? Yes No

EMERGENCY CONTACT

In case of emergency during class/event, please contact:

Name: _____ Phone: (____) _____

WAIVER AND RELEASE

I understand that there are specific risks of physical or property damages, losses, or injury that may result from my participation or my child's participation with Darlene's Dance Academy and I voluntarily assume the risks associated with such participation held at the studio. Darlene's Dance Academy will also not be responsible for persons not participating in its dance programs/events, including participant parents, siblings, friends and family members.

I give exclusive permission for Darlene's Dance Academy to use photographs and/or video images of me/my child for promotional purposes without compensation.

SIGNATURES

I have read and understood the above and I agree to be bound by its terms.

DATED: _____ NAME: _____ SIGNATURE: _____