

Application for Registration - Ottawa Dance Centre Schools



Student's name _____ age _____ date of birth _____

Medical information (if required) _____

Parents name _____ address _____ postal code _____

Contact Information:

Parent: Home Tel# _____ cell _____ work _____ email _____

Student: cell _____ email _____ emergency contact # _____

Please list former training & examinations/certificates/level attained: _____

Please list Courses required and location (studio sites: Greenboro/Ottawa South or Central (De LaSalle H.S.)

1 _____ studio site _____

2 _____ studio site _____

3 _____ studio site _____

Additional (please specify) _____

ODCS is not liable for any injury incurred during class time. ODCS is not liable for any illness incurred while participating in classes, as all recommended current health protocols, including those for COVID-19 as required by the Ontario Ministry of Health, are strictly being followed. I understand that refunds are for credit only, OR transfer from the Ottawa/Gatineau region OR severe illness with a doctors certificate. ODCS reserves the right to publish photos/videos for archival and promotional purposes. Students will not be identified without parental permission.

I have read the above and all information regarding payments and policies and agree to the conditions contained therein.

Signature (parent/guardian /student if over 18 yrs.) x _____ Date _____

Have you made an etransfer to: odcs@ottawadancecentre.ca or enclosed a cheque or enclosed a cheque for same made out to ODCS as required? Your application will NOT be processed without payment and signature.

*Office use ONLY: Total _____ Deposit _____
Payment.1 _____ Payment 2 _____ 3. _____