

**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.**

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**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](mailto:odcs@ottawadancecentre.ca) 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. \_\_\_\_\_