

Winterdance Festival 2018

Please return form with payment to:

Attn: Sarah Denman-Wood

Confederation Centre of the Arts

145 Richmond Street

Charlottetown, PE C1A 1J1

Phone: (902) 629-1175

Email: performingarts@confederationcentre.com

Name: _____ Name of parent/guardian: _____

Telephone: (home) _____ (cell) _____

Email: _____

Age: _____ Dance School: _____

Dance Experience (styles, number of years, etc.):

Do you have any medical conditions, previous injuries or allergies of which we should be aware?

I wish to attend the optional Yoga Warm Up on Saturday (and will provide my own mat) YES NO

Please read through and complete the following consent form:

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. Confederation Centre of the Arts is not responsible for participants or their transport between workshop locations.

I, _____, parent or guardian of _____ (student's name), hereby register said student in Confederation Centre's Winterdance Festival, and understand and accept the terms and conditions which apply.

Signature: _____ **Date:** _____

PLEASE BE ADVISED that workshops 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. _____

Thanks to support from the **Florence Simmons Memorial Fund** the fee for the Festival is **\$25.00**

Payment by Cash or Cheque only-Cheques are payable to Confederation Centre of the Arts.

For Office Use Only:

Total Payment Received: _____ Method of Payment: Cash Cheque