

Please return form with payment to:  
Confederation Centre of the Arts  
Att. Kayla Shaw  
145 Richmond Street  
Charlottetown, PE C1A 1J1  
Phone: (902) 628-6128  
Email: performingarts@confederationcentre.com

*dance umbrella*  
a program of Confederation Centre of the Arts  
Registration 2019/2020

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