

Riverdale Recreation Program: Acro Dance

Student Information

Registrants Name: _____ Date of Birth: _____

Does the Registrant have experience, if so, how many years? _____

Does the student have any barriers we should be aware of? If so, please explain below:

Guardian Information (if Applicable)

Parent/Guardian Name: _____ Number: _____

Parent/Guardian Email: _____

Emergency Contact Name & Number: _____

Program Information

Date: October 12 – December 14

Time: Mondays, 6:30pm – 8:15pm

Location: Riverdale Community Centre, Redfern Hall

Cost: \$80

About: Acro Dance for 5 – 13 years. Levels: Beginner, Mixed Experience, and Experienced. The instructor will put the participant in the appropriate level once registered.

Payment Information

Payment must be made prior to program start

RRC will accept cash, cheque (payable to “Riverdale Recreation Commission”) or,

E-Transfer - send to: recreation@riverdalemb.ca with password: recreation

Medical Release

I hereby state that the above applicant has no physical or mental conditions that prohibit participation in the program. I also understand that it is my responsibility to inform the Riverdale Recreation Commission (RRC) in writing of any physical or mental conditions that the staff should be aware of in dealing with enrollee during activities and/or in case of emergency. Staff accept no liability for failure to inform them of any conditions or limitations. I am fully aware of and understand the risk, including the risk of catastrophic injury, paralysis, and even death, as well as other losses associated with participation in the program. I understand that the above conditions and risk and enroll the above-named person at his/her/my own risk. I hereby indemnify and hold RRC staff and instructors, harmless from and against any and all risk and liability assumed by or on behalf of the student, excepting them from acts of gross negligence by RRC's Staff.

Name & Signature: _____

Date: _____

OFFICE USE ONLY: Payment has been made in the form of a:

Chq: _____ Cash: _____ EFT: _____ Receipt Issued: Y or N