

# Riverdale Recreation Commission: Acro Dance

## Student Information

Registrants Name: \_\_\_\_\_ Age \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

## Guardian Information

Parent/Guardian Name: \_\_\_\_\_ Number \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

## Program Information

**Date:** October 19 – December 19 (Mondays)

**Ages:** 7&U + 8-12

**Time:** 6.30-7pm (7&U) + 7.15-8pm (8-12)

**Location:** Riverdale Community Centre

**Cost:** \$40.00

**About:** This program is designed to enhance your dance skills while adding elements of acrobatics – increasing your flexibility and strength! It is intended to be fun and challenging for participants!

## Payment Information

Payment must be made prior to program start! RRC will accept cash, cheque (payable to “Riverdale Recreation Commission”) or E-Transfer (email address to use: [recreation@riverdalemb.ca](mailto:recreation@riverdalemb.ca) password to use: “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 accepts 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.

Parent/Guardian Name & Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

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

Chq: \_\_\_\_\_, Cash: \_\_\_\_\_, EFT: \_\_\_\_\_ Receipt Issued: Y or N