



Participant Registration Form

Full Name: _____

Date of Birth: _____ / _____ / _____
Year Month Day

Document Confirming Date of Birth: _____
Document Type Document Number

Current Address: _____
Street Address

_____ City Province Postal Code

Daytime Phone Number: _____ Cell Phone Number: _____

Email Address: _____ OHIP: _____

Emergency Contact

Name: _____ Relationship to You: _____

Preferred Phone: _____ Alternative Phone: _____

- YES, I understand that I only can take photos/videos of myself in the studio for my personal use. If I intend to use any photos/videos taken on studio property for commercial/marketing use, I will sign Property Release form and pay Property Release fee before doing so.**
- YES, I allow North Pole Dance, Inc. and its representatives to contact me on the matters relating to this studio's work, including but not limited to: schedule changes, payment questions, event reminders, etc.**
- YES, I allow North Pole Dance, Inc. and its representatives to contact me with products/ services offers and special deals. I understand that I can recall this permission anytime.

Signature: _____ Date: _____

Staff who checked ID and accepted the form: _____