



# 2009-2010 Program Registration Form

## Dance Programs

333 Shawville Blvd S.E.  
Phone: 201-8652  
Fax: 201-8657

Please ensure your registration form is completed and signed. Payment **MUST** be made at the time of registration. Registrations are accepted on a first come, first served basis. Multiple program and/or multiple family member registrations will receive a 10% discount! Registration deadline is one (1) week prior to course start date.

Program Name	Day / Time	Course Session	Dates	Course Code	Member Cost	Non-Member Cost	Check to Register
<b>Brazilian Dance Adults 14+ yrs</b>	<b>Thursdays</b> 8:00 – 9:00 pm	Fall #1	September 03 – October 22, 2009	2864	\$70.00 / course	\$80.00 / course	<input type="checkbox"/>
		Fall #2	October 29 – December 17, 2009	2865	\$70.00	\$80.00	<input type="checkbox"/>
		Winter #1	**January 21 – February 25, 2010	2866	\$52.50	\$60.00	<input type="checkbox"/>
		Winter #2	March 04 – April 22, 2010	2867	\$70.00	\$80.00	<input type="checkbox"/>
		Spring	May 06 – June 24, 2010	2868	\$70.00	\$80.00	<input type="checkbox"/>

**TOTAL COST:** \_\_\_\_\_

**Refund Policy:** Refunds requested up to 1-week prior to the start of program will receive a full refund. Once a program has started, **refunds will only be issued for medical reasons**, and will require a doctor's note before the refund is processed. The refund amount will be pro-rated based upon the number of classes remaining in the program. All refunds requested after the registration deadline, regardless of reason, are subject to a \$10.00 administration fee.

**NAME OF PARTICIPANT:** \_\_\_\_\_

**NAME OF PARENT/GUARDIAN:** \_\_\_\_\_ **EMERGENCY CONTACT #:** \_\_\_\_\_  
(if under 18 yrs)

**ADDRESS:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**PHONE NUMBER:** (H) \_\_\_\_\_ (B) \_\_\_\_\_ **ALBERTA HEALTH CARE #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**COMMUNITY MEMBERSHIP CARD #:** \_\_\_\_\_ **EXPIRY DATE:** \_\_\_\_\_

**CREDIT CARD #:** \_\_\_\_\_ **EXPIRY DATE:** \_\_\_\_\_  
(if paying by credit card)

**ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Participation Waiver:**

Every reasonable precaution has been taken to ensure the safety of the event and the participants. I, on behalf of myself, my child, my heirs, successors and assigns, assume all risks and hazards incidental to the conduct of the activity, also transportation to and from the activity, and any medical costs that may arise with respect to my participation. I do further hereby release, indemnify and hold blameless the South Fish Creek Recreation Association, the employees, sponsors, instructors and supervisors of the Association(s).

1) From time to time South Fish Creek Recreation Association will take photos of program participants for marketing purposes. If you **DO NOT** wish to have your photo or that of your child's published please indicate by checking the following box otherwise, South Fish Creek Recreation Association will assume consent.

No, I do not give permission.

2) South Fish Creek Recreation Association reserves the right to cancel these programs and issue a full refund if there is insufficient registration by the registration deadline. Registration forms will be accepted on a first come first served basis. You will be contacted if your first session choice is unavailable.

3) Member rate are available for SFCRA Founding Members, as well as members of the following community associations: Evergreen, Shawnee, Midnapore, Sundance, Millrise, Shawnessy, Chaparral, Bridlewood & Somerset.

**SIGNATURE:** \_\_\_\_\_

I understand and agree to abide by the above rules. If I do not abide by the rules, I understand that I may be removed from the program without a full refund.

**DATE:** \_\_\_\_\_

Please refer to our website at [www.sfcra.com](http://www.sfcra.com) for further program details.