

2024/2025 REGISTRATION FORM

Name:					
	Please Print				
Mailing Address:					
	Street Address				
	City	Postal Code			
Phone Number:					
Email Address:					
and Mary-Ellen Schick personally description arising as a result of month's written notice of withdoconsent of a parent or guardian of from MS ² Dance & Fitness regardany time. I agree that I am assur	rticipant, I agree to indemnify and hold harmless MS ² Day, its agents or employees for any and all claims for day any engaging in physical activity conducted by MS ² Day awal from any session. If the participant is not 18 years who will also read, understand and agree to the above to ling news, class updates, promotions and upcoming sessioning on my own behalf and, if signing on behalf of a part h related consequences, including COVID-19 related risk	mages or injuries of any kind, nature or ance & Fitness. I also agree to give one is of age or older, he/she must have the erms. I agree to receive communications sions. You can withdraw your consent at ticipant under 18 years, on their behalf,			
Participant or Parent/Gua	 rdian Signature	Date			

Please complete Registration Form and email to info@MS2DanceandFitness.ca

This Section to be Filled Out by MS ² Dance & Fitness								
	Fall Classes	Fall 2024	Winter Classes	Winter 2025	Spring Classes	Spring 2025		
Monday	14	\$280	11	\$220	11	\$220		
Wednesday	15	\$300	11	\$220	13	\$260		
Monday and Wednesday	29	\$522	22	\$396	24	\$432		
Drop In 5 classes (only available through prior arrangement)	5	\$125	5	\$125	5	\$125		
Trial Class (only available through prior arrangement)	1	\$20	1	\$20	1	\$20		
Method of Payment	ONLINE	ONLINE	ONLINE	ONLINE	ONLINE	ONLINE		
Amount Paid								
Date Paid								
Receipt/Confirmation #								