

**THE ROYAL SCOTTISH COUNTRY DANCE SOCIETY
HAMILTON (ON) BRANCH
JUNIOR MEMBERSHIP REGISTRATION**

September, 2009

CHILD'S SURNAME _____

CHILD(REN)'S FIRST NAME(S)

- (1) First Date of Birth/...../..... Age Now
day month year
- (2) Second Date of Birth/...../..... Age Now
day month year
- (3) Third Date of Birth/...../..... Age Now
day month year
- (4) Fourth Date of Birth/...../..... Age Now
day month year

- NAMES OF PARENT(S)/GUARDIAN(S): MOTHER
- FATHER

ADDRESS

CITY POSTAL CODE

- HOME PHONE NUMBER CELL NUMBER

- Alternate PHONE NUMBER

NAME OF CONTACT PERSON (if different from above)

- E-Mail

- PERTINENT MEDICAL INFORMATION (if needed)

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- TELEPHONE LIST PERMISSION

I give permission to have my telephone number(s), and address, as noted above, published in a membership list used solely by The Hamilton Branch of the Royal Scottish Country Dance Society (RSCDS), to contact myself/guardian/or other person who might escort my child to dance classes. I understand this list will be used to notify me/us of cancellations or other events if needed.

Signature

- DEMONSTRATION PERMISSION

I give permission for my child(ren) to take part in extra dancing activities, events, performances/"DEMS" as they may occur.

Signature

TOTAL FEES PAID:	MEMBERSHIP(S)	X \$5.00 =	\$.....
	ADDITIONAL MEMBERSHIP(S)	X \$3.00 =	\$.....
	CLASS FEE(S)	X \$30.00 =	\$.....
	CASH / CHEQUE	TOTAL =	\$.....