

Please return this agreement signed,
with a cheque payable to:

Jet Entertainment Corp



1 VALLEYWOOD DRIVE SUITE 301
MARKHAM, ONTARIO CANADA
L3R 5L5
Tel: 905.305.1000
Fax: 905.947.8565
Email: takeoff@jetentertainment.ca
www.jetentertainment.ca/takeof

JET ENTERTAINMENT PRESENTS TAKEOFF
After School, Interactive DANCE & DJ PROGRAMS

2011 REGISTRATION FORM

SESSION 1: WEEK OF _____ - WEEK OF _____

SELECT PROGRAM (please check) – DANCE (\$200.00) DJ (\$250.00)

NAME OF SCHOOL _____ GRADE _____

NAME OF STUDENT _____

DATE OF BIRTH _____ (dd/mm/yyyy)

HOME ADDRESS _____ CITY _____

PROVINCE _____ POSTAL CODE _____

PARENT'S NAME (LEGAL GUARDIAN) _____

ADDRESS _____ CITY _____

PROVINCE _____ POSTAL CODE _____

PHONE (_____) _____ - _____

EMAIL _____

EMERGENCY CONTACT'S NAME _____

EMERGENCY PHONE # (_____) _____

Does your child have any medical issues that we should know about i.e. Epipen, allergies,
asthma etc. _____

I /we, the parent or legal guardian of the minor named above, hereby give permission for my child to participate in the Takeoff programs provided by JET entertainment. As a participant in the activities of Takeoff, I /we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full responsibility of any injuries. I /we hereby waive, release and absolve JET entertainment and the Takeoff program and it's employees and all other participants in this program, from any and all claims, rights or causes of action, whether for property damage or personal injury, which may arise out of my child's participation in the Takeoff program. I /we understand that all classes will be conducted in the safest possible manner by trained, competent instructors. I /we understand that it is the right of JET entertainment and the instructors of the Takeoff Program to expel anyone who is deemed to be acting in a manner detrimental to his /her own safety or that of others in the program. **NOTE: Students receive one warning, after which the guardians are notified. If the behavior continues, the student will be asked to leave the program. Full payment must be received no later than one week prior to the program commencement date.**

Signed (parent/guardian): _____ Signed (participant): _____

Date: _____

****Please make all cheques payable to JET Entertainment Corp.****