



Dance Class Fall 2024 - Spring 2025

Email completed for to amanda@edss.ca

Participant Contact Information	Name	Date of Birth
	Gender	Student Phone
	Email Address	Parent Phone

In Case of Emergency Contact #1

Name	Phone
<hr/>	
Relationship	
<hr/>	

In Case of Emergency Contact #2

Name	Phone
<hr/>	
Relationship	
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Relevant Medical Information

Known Allergies/Medical conditions/Hearing or vision issues:	Special Medication:
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Is there any special activity or response Edmonton Down Syndrome Society should be aware of with respect to a medical condition?

Class	Program Day	Time of Class	Cost	Class of Choice
Ages 3-6yrs	Sundays	12:30-1:00pm	\$25.00	
Ages 7-11yrs	Sundays	1:15-2:00pm	\$25.00	

The information you provide on this document will be held in the strictest confidence and will only be shared with senior management on a "need to know basis only" We are not attempting in any manner to pry into your personal medical history. This information is being gathered solely to best address a medical situation in the event an incident occurs.

9139 39 Ave NW Edmonton, AB T6E 5Y2 Phone: 780-944-4224