



Brain Beat Dance® Instructor Training Course Registration Form

Name : _____ (English) _____ (Chinese)

Address : _____

(City) _____ (Postal Code) _____

Email Address: _____

Telephone (Home): _____ Telephone (Cell.): _____

Emergency Contact Name: _____ Phone: _____

Age Group: under 45 yrs. 45 – 54 yrs. 55 – 64 yrs. 65 – 74 yrs. 75 yrs. and above

Language Spoken: English Cantonese Mandarin Others _____

I am registering for the selected () instructor training course(s) as follows:

<u>Course Type</u>	<u>Course Code</u>	<u>Course Date</u> (MM/DD – MM/DD, 20__)
(<input type="checkbox"/>) Certified Instructor Training for Sitting Brain Beat Dances		
(<input type="checkbox"/>) Certified Instructor Training for Standing Brain Beat Dances		
(<input type="checkbox"/>) Advanced Level Certified Instructor Training		

- Brain Beat Dance Canada Senior Association (BBDCSA) may use my contact information for the purposes of communication for future events and use of space application.
- I, the undersigned, agree that BBDCSA and its Board of Directors shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses, including but not limited to personal injury, property damage or lost or stolen property at the class or activity.

X

(Applicant Signature)

(Date: Mmm dd, yyyy)

FOR OFFICE USE ONLY

Amount Paid By Cash : _____

Amount Paid By Cheque : _____ Bank : _____ Cheque #: _____

Received By : _____ Date : _____