



**illFX MOVE Sponsorship  
Application - Parent / Guardian**



**All sections of the application must be filled out completely**

**SECTION 1: PARENT/GUARDIAN PROFILE**

The parent/guardian will act as the contact person for the child and will receive correspondence, primarily via email.

<b>First Name:</b>	<b>Last Name:</b>
<b>Email Address:</b>	
<b>Primary Phone No:</b>	<b>Secondary Phone No:</b>
<b>Primary Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>Community (i.e. Ogden):</b>	<b>Relationship to Child (circle one):</b> Parent / Guardian

**FAMILY COMPOSITION**

<b># of children in the home (18 &amp; under):</b>	<b># Adults in the home (over 18):</b>
<b>Parents (circle one):</b> Single Parent Home / Dual Parent Home	

**Please indicate if your family would be recognized as one of the following:** (circle all that apply)

<input type="checkbox"/> Indigenous	<input type="checkbox"/> Dancer with a disability
<input type="checkbox"/> New Canadian (resided in Canada for less than 10 years)	

**SECTION 2: CHILD PROFILE**

<b>First Name:</b>	<b>Last Name:</b>
<b>Birth Date: (mm/dd/yy)</b>	<b>Age:</b> Male / Female

**SECTION 3: DANCE REGISTRATION**

<b>Crew:</b> (i.e. Sigma, Alpha)	
<b>Organization Address:</b> 302 - 350 4 Ave NE, Calgary AB, T2E 0J3	
<b>Program Start Date: (mm/dd/yy)</b>	<b>Program End Date: (mm/dd/yy)</b>
<b>Total Registration Fee:</b>	<b>Requested Amount:</b>

**SECTION 4: PROOF OF INCOME**

If Married or Common-Law, please include both partners income in the total

**Total Yearly Household Income \$** (include alimony, spousal support, child support)

**Proof of Income: Please attach a photocopy/scan of a document from the list below** (circle one included)

<input type="checkbox"/> Child Health Benefits Letter	<input type="checkbox"/> Subsidized Housing	<input type="checkbox"/> Income Support
<input type="checkbox"/> 1st Page of the Canada Child Tax Benefit Note	<input type="checkbox"/> Current Calgary Fee Assistance Card	

**OR Attach a photocopy/scan of one of the following for each adult in the household:**

1. Notice of Assessment for the previous tax year (Copies can be obtained by calling 1-800-959-8281)

**SECTION 5: WAIVER & RELEASE**

I am authorized to enter in this agreement as the parent or legal guardian of the Participant. I understand that my signature below reflects my agreement to hereby release, waive, discharge, and covenant not to sue or take any legal action against illFX Entertainment Inc, the directors of illFX Education and illFX Move, and their officers, employees, volunteers and agents and remove them from liability for any and all claims including, but not limited to, personal injury, accident or illness (including death) and property loss arising from, but not limited to, participation or activity that is funded, supported or organized by illFX Entertainment Inc.

<b>Date:</b> (mm/dd/yy)	<b>Signature of Parent/Guardian:</b>
-------------------------	--------------------------------------