



Student Registration Form 2016 - 2017

Student's Name (First & Last): _____ Date of Birth (if under 18): _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Mother's Name: _____ Mother Cell #: _____

Father's Name: _____ Father Cell #: _____

Email address of Primary Contact: _____

Emergency Contact Name and Phone#: _____

Allergies: _____

Please advise us of any medical conditions and/or past injuries that may affect the student's participation:

How did you hear about us? Please circle all that apply.

Google Search Facebook Newspaper Ad Friend Other: _____

Agreement for Participation

I have received information regarding studio policies, class fees and payment options, studio calendar, and student dress code and agree to adhere to all the content stated therein. I understand that the waiting rooms in Studio One and Studio Two are unsupervised. _____ (Initial)

I authorize The Dance Workshop to use my child's/my photo for promotional purposes without remuneration. Examples of use include but are not limited to: The Dance Workshop's Website, Facebook Page or Sponsored Ads, Instagram, Newspaper Ads (digital or hardcopy), Pre-Show Ads at the Circle Theatre. **Please circle one: Yes No**

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, hands on corrections from instructors, partner work/spotting, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. If registering for Acro I understand that by its nature Acro dance has a greater risk of injury than other dance styles. By signing below I hereby release The Dance Workshop, its owner, instructors, guest teachers & student assistants from all liability in the event of any accident/injury/death occurring while my child or I participate in or attend any dance class/studio event (ex. recital, parades, community performances) _____ (Initial)

I hereby acknowledge that I have read the statements above and agree to the terms for participation.

Date: _____ Signature: _____



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FAMILY CLASS LIST AND PAYMENT FORM
 (Please complete one form per family)

Please list the class(es) you wish to enroll in.

STUDENT	CLASS	DAY/TIME	CLASS FEES
1.			\$
2.			\$
3.			\$

Please list additional classes below:

SUB-TOTAL: \$ _____

4. _____

Multiple Class Discount: \$ _____ ()

5. _____

SUB-TOTAL: \$ _____

6. _____

Registration Fee: \$ _____

7. _____

SUB-TOTAL: \$ _____

Costume Fee(s): \$ _____

SUB-TOTAL: \$ _____

TOTAL: \$ _____

Payment Received: \$ _____

Payment Method: _____

Balance Due: \$ _____

Payment Plan Chosen

Option 1: Monthly Auto Pay

Option 2: Payment in Full

Option 3: Post-dated Cheques

Notes _____

FOR OFFICE USE ONLY

STUDENT INFORMATION UPDATED IN DSP _____ COMPLETION DATE _____