

ELITE DANCE ACADEMY REGISTRATION FORM 2011/2012

Registration Fee - \$20.00

*No Refunds on Registration Fees (Administrative Charge)

Student First Name: _____ **Last Name:** _____

Address: _____ **Postal Code:** _____

Phone # Home: _____ **Parent Cell:** _____ **Student Cell:** _____

Students Age (As of Sept. 1st): _____ **Birth Date (dd/mm/yyyy):** _____

Parents Names: _____

Email Address: _____

*Email Address is mandatory as Elite Dance Academy sends important information via email

Emergency Contact: _____

Health Concerns or Information (Medications, Allergies, Injuries, Ailments, etc.):

SUBJECTS AVAILABLE

CLASS	YES	LAST LEVEL COMPLETED	OFFICE NOTES
Little Stars Classes:			
BALLET/TAP COMBO 1 or 2 (age 3 – 5)			
TAP/JAZZ COMBO (age 5 - 7)			
PRE-PRIMARY (age 5 – 6)			
PRIMARY 1 or 2 BALLET (age 6 -7)			
Main Classes:			
BALLET (8yr.'s & up):			
PRE-POINTE & POINTE (Add-on Only)			
TAP (7 yr.'s & up):			
JAZZ (7 yr.'s & up):			
LYRICAL (9 years & up):			
MODERN (12 years & up):			
MUSICAL THEATRE (6 yr.'s & up):			
HIP HOP (6 yr.'s & up):			
ACRO (9 yr's & up):			

Forms can be dropped off in person, mailed, emailed or faxed to:

ELITE DANCE ACADEMY

#285, 523 Woodpark Blvd. S.W., Calgary, Alberta T2W 4J3

Telephone: (403) 281-8922 Fax: (403) 281-8927

Email: elitedanceacademy@shaw.ca Web: www.elitedanceacademy.ca

ELITE DANCE ACADEMY

2011/2012 DANCER'S WAIVER & POLICY AGREEMENT

DANCE WAIVER:

As the parent or guardian of _____ (student), I authorize the staff of 566636 Alberta Ltd. O/A Elite Dance Academy to seek medical service in case of serious injury or illness if I am unable to be contacted. I further agree or accept financial responsibility in excess of benefits allowed by my health plan.

I give my voluntary consent to her/his participation in all dancing programs and activities provided by Elite Dance Academy; its principals, employees and agents of Elite Dance Academy. I release Elite Dance Academy from any and all liability and waive as against Elite Dance Academy all recourse, loss or damage, including any consequential damage or loss, claims, causes of action of any kind whatsoever arising from her/his participation in the activity. I voluntarily accept the legal risk, thereby expressly giving up any right of action the physical risk arising from all liability whether such liability arises in contact, by statute, specifically including but not limited to the Occupiers Liability Act. **BY REASON OF NEGLIGENCE OR BY REASON OF BREACH OF DUTY RAISED BY STATUTE OF IN ANY OTHER MANNER WHATSOEVER.** I acknowledge by their very nature, that the activities engaged in can be dangerous exposing participants to risks and hazards and that I nevertheless freely and voluntarily assume all of the aforesaid risks and hazards.

SCHOOL RULES & POLICIES:

- All NSF cheques will be charged a \$20.00 administrative charge
- The dance term consists of 36 weeks, and there are no refunds for missed classes
- The studio will be closed for all Stat Holidays and Long Weekends therefore classes will be CANCELLED
- The studio is closed for Winter and Spring Break
- Please notify the studio if you will be absent from class
- Students should address all staff as Mrs. or Miss.
- Students are responsible for any damage they may cause to the Academy's property
- No gum chewing is permitted
- Hair & dance attire must be in line with the "Attire Information"
- Deodorant is essential for all Intermediate & Advanced students
- Names should be on ALL DANCE ATTIRE, including shoes
- Elite Dance Academy has the right to refuse service
- Elite Dance Academy and its staff are not responsible for the damage/loss of belongings on its premises

Withdrawal Policy: Parents must give written notice of cancellation from any class before the 25th of the month prior to withdrawal. If your child withdraws from a class on or after the 25th of the month, we cannot return or refund that months payment. The month of September is NON-REFUNDABLE.

I agree that by signing below, I am responsible for all fees owing to Elite Dance Academy including but not limited to, monthly fees, costume charges and extra choreography fees.

I have read and agree to the above Dance Waiver and School Policies.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Elite Dance Academy Monthly Payment Authorization – 2011/2012
(Returning students must fill out a new payment authorization form each year)

Student Name(s): _____

Monthly Class Fee: (office to complete) _____

Please select one of the below payment options and return this form to Elite Dance Academy. If you have more than one child, please combine payments and only fill out ONE payment form. **All students are required to pay for the month of September at the time of registration.**

Option 1) Visa or MasterCard

Please allow this as my authorization to charge my below credit card monthly on the 1st of each month (October 2011 – June 2012) in the amount of \$_____. If the monthly amount changes (due to change in registration), please updated my monthly payments accordingly.

September fees and registration fee will be charged to your card on or before July 1st, 2011

Select Credit Card Type:

MasterCard Visa

Cardholder Name: _____

Credit Card Number: _____ Expiry Date: _____

Cardholder Authorization Signature: _____

Option 2) Electronic Funds Transfer (please attach a VOID Cheque)

Please allow this as my authorization to withdraw funds from my bank account on the 1st of each month starting October 1st 2011, ending June 1st 2012. The monthly amount will be \$_____. If the monthly amount changes (due to change in registration), please updated my monthly payments accordingly.

Please attach a VOID CHEQUE.

September fees and registration fee will be charged via EFT on July 1st, 2011

Name(s) on Bank Account: _____

Signature of above account holder: _____