



WORKSHOP REGISTRATION

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

Mailing Address: _____

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

Best Phone Number to reached at: _____

Parent Name: _____

Email address of primary contact: _____

Please advise us of any medical conditions that may affect the student's participation:

Agreement for Participation

I understand that dance classes may include, without limitation, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the workshop involves some degree of risk of strain or bodily injury. **Across The Dance Studio** is not responsible for personal property.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: _____ Signature: _____

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

Level	Age		Due
JUNIOR	8-10		\$194.25 (GST incl)
INTERMEDIATE	11-13		\$225.75 (GST incl)
SENIOR	14+		\$278.25 (GST incl)
PARENT TALK			\$20.00 (GST incl)

TOTAL: \$ _____
Amount Paid: \$ _____
Balance Due: \$ _____