



2019 - 2020 Registration Form

Enclose a non-refundable \$50.00 Registration Fee and a non-refundable \$100.00 Tuition Deposit Per Dancer

Check Here if Returning Student Check Here if information hasn't changed

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Person responsible for account: \_\_\_\_\_

Student's age (as of 9/1/2019) \_\_\_\_\_ Birthdate: \_\_\_\_\_

Previous dance training: \_\_\_\_\_

Any health or physical restrictions?: \_\_\_\_\_

How did you hear about us: Connections Magazine Website Friend Facebook Instagram Twitter Google

Please enroll student in:

- Ballet Tap Jazz Modern Lyrical Hip/Hop Jumps & Turns Contemporary Acro Song & Dance (7 & up) Exam Participant (Ballet, Jazz, Tap and Acro) 8 Week Session (3-5 year olds): Ballet Tap Hip Hop Acro 8 Week Session (6-8 year olds): Ballet Tap Hip Hop Jazz

\*\*Due to insurance purposes we will not allow your child to attend classes without a signed release\*\*

RELEASE: I (WE) THE UNDERSIGNED STUDENT, PARENT, OR LEGAL GUARDIAN OF A STUDENT OF THE CLASSES HELD BY ACROSS THE FLOOR DANCE STUDIO, DO VOLUNTARILY AND KNOWINGLY EXECUTE THIS RELEASE WITH THE EXPRESSED INTENTION OF EFFECTING THE EXTINGUISHMENT OF AND COMPLETE RELEASE FROM ANY AND ALL CLAIMS, ACTIONS, DEMANDS, OR RIGHTS TO MONETARY JUDGEMENT ARISING FROM ANY AND ALL INJURY OR PHYSICAL HARM WHICH MAY ARISE FROM OR BE SUSTAINED AS A RESULT OF MY PARTICIPATION OR THE PARTICIPATION OF MY CHILD AND/OR LEGAL WARD IN VARIOUS PROGRAMS OF INSTRUCTION, PRACTICE AND PHYSICAL ACTIVITY ASSOCIATED WITH THE STUDY OF DANCE AND RELATED ACTIVITIES CONDUCTED AT ACROSS THE FLOOR DANCE STUDIO.

I HAVE READ AND UNDERSTOOD ALL RULES AND POLICIES OF ACROSS THE FLOOR DANCE STUDIO.

SIGNATURE (parent/legal guardian): \_\_\_\_\_ Date: \_\_\_\_\_



**Registration/Tuition Policies, Medical and Transportation  
Release Authorization Form 2019-2020**

**(THIS FORM MUST BE COMPLETED IN ITS ENTIRETY WITH A NON-REFUNDABLE \$50 REGISTRATION FEE AND A NON-REFUNDABLE \$100.00 TUITION DEPOSIT PER DANCER FOR YOUR REGISTRATION TO BE COMPLETE).**

***PLEASE INITIAL EACH SECTION BELOW AND GIVE REQUIRED ADULT SIGNATURE AT BOTTOM***

This form is to authorize Across The Floor Dance Studio, 10301 – 112<sup>th</sup> Street, Grande Prairie, AB, their agents, representatives and employees (hereafter “The School”) to obtain medical assistance and to provide transportation for the student or child herein below named, and to release “The School” from liability for injuries to the named student or child while on school premises or otherwise in the care of school staff members, such as transporting the student/children.

\_\_\_\_\_ In the event that I cannot make arrangements for emergency medical attention at the time of illness or accident of me/my child, I hereby authorize “The School” to take me/my child to the Hospital, where medication or medical procedures they may deem necessary for me/my child’s well being will be administered. The undersigned further agrees to be financially responsible for all such medical services, including the cost of defense and enforcement of this indemnity agreement.

\_\_\_\_\_ I, further understand and agree that “The School” may administer simple first aid in the event of minor injuries, and family members or doctors will be called when in the discretion of “The School”, it is deemed necessary.

\_\_\_\_\_ I, represent that I am student/parent/guardian of the student/child named below and I am fully responsible for the care and well being of the student/child. I agree that “The School” shall not be liable for any damages, claims or compensation of whatever nature (including liabilities for negligence, strict liability, or otherwise) that may arise to me or for my benefit, in the name of or for the benefit of the student/child, or in the name of or for the benefit of any other person as a result of personal injury to the student/child named below while on the premises of “The School” or otherwise in the care of “The School” including any such injuries sustained while the student/child is being transported as herein authorized, and hereby agree to indemnify and hold harmless “the School” and servants, whether paid or volunteer, against any and all claims which may arise from any injury to said student/child while participating in or being transported to programs of “The School. Provided, however, “The School” shall be liable for injuries resulting from gross negligence of “The School”, or injuries intentionally inflicted by “The School”.

\_\_\_\_\_ I acknowledge that I/my child will be video-taped and/or photographed for educational, performance and advertising purposes.

\_\_\_\_\_ I understand that tuition is payable in instalments in advance, by post-dated cheques or valid credit card, due **September, 9<sup>th</sup>, 2019, December 2<sup>nd</sup>, 2019, and March 2<sup>nd</sup>, 2020** at the time of registration to retain class placement or nine (9) post-dated cheques dated for the 1<sup>st</sup> of every month (September, 2019 to May, 2020.) Tuition remains the same regardless of absences, vacations or holidays. No refunds or adjustments due to absences. Tuition is non-refundable and non-transferable. Costume fees are due with first quarter tuition and are non-refundable. Costume fees range from \$85.00 - \$100.00 per class. In the event costume costs are above \$85.00, the remaining balance will be invoiced and payable March 2<sup>nd</sup>, 2020. I also understand that a 2% late fee will be charged if fees are not paid within the first month of each term and a \$25.00 fee for any returned cheque will be assessed to my account if not current or payment is received after the term is due, regardless of absences, illnesses vacations or holidays. Full years tuition paid prior to August 1, 2019, will receive a 5% discount on tuition only.

\_\_\_\_\_ I understand that in order to withdraw from Across the Floor Dance Studio, written notification is required prior to the start of a new term. No refunds will be issued after the start of a new term.

Emergency Contact (if different from parent) \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Please list any medical conditions, injuries, allergies, etc. \_\_\_\_\_

***By signing below, I agree to have read the forgoing Tuition/Registration Policies, Medical and Transportation Release statements and concur with it in all respects.***

\_\_\_\_\_  
**Print Student's Name**

\_\_\_\_\_  
**Parent/Guardian Signature Date**  
*(Student signature if age 18 or older)*