

REGISTRATION FORM - JANUARY 2010
 Pre-registration Fee \$15.00
**** No Registration Fee for 10 Week Session Classes****

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

Address: _____ **Postal Code:** _____

Phone # Home: _____ **Work:** _____ **Cell:** _____

Birth Date: _____

Parents Names: _____

Email Address: _____

Emergency Contact Information: _____

Health Concerns or Information:

SUBJECTS AVAILABLE

CLASS	Yes	OFFICE NOTES
BALLET/TAP COMBO (age 3 -4) Monday's 11:00 – 11:45am \$45.00/month Class will start on Monday January 11 th and run through until the end of June, excluding Spring Break and Stat Holidays.		
TAP/JAZZ COMBO (age 5 - 6) Saturday's 12:15 – 1:00pm \$45.00/month Class will start on Saturday January 9 th and run through until the end of June, excluding Spring Break and Long Weekends.		
PARENT & TOTT CLASS (age 18months – 2 ½) Thursday's 10:15 – 11:00am \$99.00/ 10 Week Session Class will run for 10 weeks. The first class will start on Thursday January 14 th and will run through until Thursday March 25 th . Please note there will be NO CLASS on Thursday February 18 th .		

ELITE DANCE ACADEMY

#285, 523 Woodpark Blvd. S.W., Calgary, Alberta T2W 4J3
 Telephone: (403) 281-8922 Email: elitedanceacademy@shaw.ca Web: www.elitedanceacademy.ca

ELITE DANCE ACADEMY – JANUARY 2010 DANCER’S MEDICAL FORM

DANCE WAIVER

As the parent or guardian of _____, 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 contract, 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.

Signature of Parent or Guardian: _____

Date: _____ Witnessed By: _____

SCHOOL RULES & POLICIES

- A parent must give written notice, prior to the 25th of the month, for withdrawal from a class the following month
- 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
- Classes will be CANCELLED for Stat Holidays – the studio will be closed on all Stat Holidays & Long Weekends
- 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
- Do not bring valuables to the studio as we cannot be responsible for them
- Elite Dance Academy has the right to refuse service

It is to be understood that Elite Dance Academy and its staff are not responsible for the injury of persons or damage / loss of belongings on its premises. I have read and agree to the above.

Signature of Parent or Guardian: _____