Office Use Only: Registration Receipt No.

1 Personal Information

Student's Last Name		Student's First Name		
Street Address		City / Province		
Postal Code	Phone No.	Date of Birth (mm/dd/yy)	Age as of Sept. 1st	☐ Preschool 3-6 years ☐ Student 7 yrs & over
Mother's Name		Phone No.	Bus No.	
Father's Name		Phone No.	Bus No.	
Emergency Contact				
List Medical Concerns				
Date of Birth (mm/dd/yy)	Email Address for Contact:			

2 Class Registration

All classes, from preschool and up, will participate in the year-end recital. Grade 1 levels and up will also compete in selected festivals and competitions. NO EXCEPTIONS unless at the discretion of the teacher (see Policy Handbook).

Discipline	Yrs of Experience	Hours Per Week	Placement (Office Use Only)
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Discipline	Yrs of Experience	Hours Per Week	Placement (Office Use Only)
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3 Method of Payment

Please note that there is a $20.00 registration fee per family. Post-dated cheques must be submitted upon registration or on the first day of lessons. Credit card information is required in order to collect on overdue accounts (as necessary).

☐ Post-Dated Cheques ☐ Visa ☐ Mastercard ☐ American Express ☐ Full Year in Advance

Credit Card No.	Expiry Date	Name Exactly as it Appears on Card

4 Terms and Conditions

Please ensure that you have read and agree with the following terms and conditions.

I have read and understand the policies of The Art of Dance 1998 Ltd. and agree to same:

- Termination of lessons will be accepted only in writing with one month's notice given prior to the 15th of the month.
- If notice of withdrawal is provided after November 1st of the current year, the parent or guardian will assume responsibility for any and all competition/festival and costume fees incurred on behalf of their child.
- If any fees remain unpaid after a reasonable amount of time, The Art of Dance will use the credit card information provided above to pay for any outstanding fees.

_____

Signature of Parent or Legal Guardian

5 Releases and Exclusions

PUBLICITY RELEASE: I hereby grant permission to The Art of Dance 1998 Ltd. or its designate(s) the right to photograph or videotape the child(ren) named above in any dance class, performance or recital during the course of the current dance season. I also give my permission to The Art of Dance 1998 Ltd. to publish the name of the child(ren) identified above as well as any photographs or videotapes of said child(ren) in its newsletter, on its website, or in any other form of advertising, promotional or publicity materials.

INJURY TO PARTICIPANTS EXCLUSION: It is hereby understood and agreed that The Art of Dance 1998 Ltd. is not responsible for bodily injury or death to any person practicing, instructing, or participating in any physical training, dance activity, or contest, and the undersigned shall save and hold harmless The Art of Dance 1998 Ltd. from any and all such injury or death.

_____ _____

Name of Student (please print) Signature of Parent or Legal Guardian

Dated this _____ day of _____ , 20 ____ in the City of St. Albert, Alberta.