

ARTISTIC DANCE SCENE
REGISTRATION FORM 2018/2019

Student's Name _____ female _____ male _____

Returning Student? Yes _____ No _____

Date of Birth (MM/DD/YY) _____ Home Phone _____

Address _____ City _____

Postal Code _____ Family Email _____

Parent/Guardian Name #1 _____

Cell Phone _____ Work Phone _____

Parent/Guardian Name #2 _____

Cell Phone _____ Work Phone _____

Emergency Contact _____

Relationship _____ Phone # _____

Please list any allergies, illnesses, or injuries _____

Class Information

Please list the classes including Day/Time you are registering for:

Multiple Class/Sibling Discounts: 5% off 2nd and 3rd classes, 10% off 4th and 5th classes

How did you hear about Artistic Dance Scene?

Returning Client _____ Internet _____ Sign _____ Friend _____

Facebook _____ Other _____

Payment Options

Please Check Your Preferred Form of Payment:

- _____ 10 Equal Payments by Post-Dated Cheque (a \$15 service charge will apply to NSF cheques)
- _____ 10 Equal Credit Card Payments on the 1st of each month
- _____ Payment in full by Credit Card or Cheque (*registration fee waived*)

Credit Card Information (if paying by Visa or Mastercard)

Card Type: Visa _____ Mastercard _____

Card # _____ Expiry _____

Name on Card _____

I hereby confirm that I am the authorized user for the credit card noted above. As such, I authorize Artistic Dance Scene to automatically post payments to my credit card on the 1st of each month beginning September 1, 2018 and ending June 1, 2018. A Registration Fee of \$30 will be charged upon registration.

Signature of Authorized Credit Card/Account Holder _____

Date _____

Registration Summary

Class: _____	Day: _____	Time: _____	(full price)
Class: _____	Day: _____	Time: _____	(5% off)
Class: _____	Day: _____	Time: _____	(5% off)
Class: _____	Day: _____	Time: _____	(10 % off)
Class: _____	Day: _____	Time: _____	(10% off)

Office Use Only

Registration Fee: \$30.00 (non-refundable...due upon registration)

Monthly Payments (if selected): \$ _____ + HST = \$ _____ /month

Total First Payment: \$ _____

Artistic Dance Scene – TERMS & CONDITIONS

- There will be 37 weeks of instruction throughout the year, divided into 10 equal payments. Saturday classes will receive 36 weeks due to Easter weekend closures and will have adjusted pricing.
- Artistic Dance Scene requires 30 days written notice of withdrawals. Upon receipt of withdrawal notification a refund will be given less one month of the remaining tuition. Costume fees are not refundable after December 1, 2018.
- A \$15 service charge will be applied to all returned NSF cheques.
- All families will be charged a non-refundable Registration Fee of \$30 (tax included) upon registration.
- All 45 minutes classes will be participating in the Year End recital. Recital costume costs have been built into the monthly fee for applicable classes.
- Tiny Dancers, Pre-K Dancers, and Session Classes do not participate in the recitals and therefore no costume costs are included in the monthly tuition.
- Artistic Dance Scene reserves the right to cancel any classes with less than 4 students registered. A full refund will be given if a suitable alternate class cannot be found.
- Artistic Dance Scene reserves the right to cancel classes due to inclement weather. In this case an email will be sent out to the affected classes and a notice will be posted on the studio Facebook page and website.
- Artistic Dance Scene will not sell or rent your information to any third parties. The purpose of the collection of any data from our customers is strictly for our own use.

ACKNOWLEDGEMENT OF RISK & LIABILITY

As the legal parent or guardian, I release and hold harmless Artistic Dance Scene, its owners and operators from any and all liability claims, demands, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned while in or upon the premises or on route to or from any of said premises. I understand that appropriate physical contact is required during the instruction of dance. I authorize Artistic Dance Scene, its owners and operators to seek medical treatment for the participant in the event they are unable to reach a parent or guardian.

PHOTO RELEASE & AGREEMENT

I give permission for Artistic Dance Scene to take photos and/or videos my child while participating in ADS activities for promotional purposes and year end slideshows. Names of students will not be used or disclosed without my consent.

NON-SOLICITATION AGREEMENT

I hereby state that neither myself nor my child were solicited by any owners or teachers of Artistic Dance Scene.

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____