

STUDENT INFORMATION

Name _____
 Date of Birth (MM/DD/YYYY) _____ / _____ / _____ Age _____ Sex F M
 Health Concerns _____ Health Card # _____

FAMILY INFORMATION (*MANDATORY FIELDS)

*Parent/Guardian Name _____
 *Address _____ *City _____ *Postal Code _____
 *Home OR Cell Phone# _____ Emergency Phone# _____
 *E-mail _____ Yes, please send me e-Newsletters

CLASS	DAY	TIME	Costume Req'd (✓)	CLASS	DAY	TIME	Costume Req'd (✓)	EXTRA CHOREOGRAPHY	Costume Req'd (✓)
1.				9.				Sm Gr: \$175 x ____ =	
2.				10.				Discipline(s):	
3.				11.					
4.				12.				Duet/ Trio: \$250 x ____ =	
5.				13.				Discipline(s):	
6.				14.					
7.				15.				Solo: \$425 x ____ =	
8.				16.				Discipline(s):	

Costume Notes: Lyrical Costume Req'd? _____ Other: _____

PAYMENT INFO & TERMS –PLEASE READ CAREFULLY – ALL FORMS & PAYMENTS ARE REQUIRED TO HOLD A PLACE IN CLASS

TO REGISTER, SUBMIT ALL PAYMENTS DETAILED BELOW WITH THIS FORM SIGNED & COMPLETED.

- I. **\$25 REGISTRATION FEE** | NON-REFUNDABLE. | Due day of registration. 1 per family.
- II. **\$100 COSTUME DEPOSIT PER COMPETITIVE & EXTRA CHOREO CLASS** | NON-REFUNDABLE AS OF OCT 1, 2018.
 - a. Total Competitive Costume Cost will exceed \$100 Deposit. As of October 1, 2018 Family is responsible for FULL BALANCE owing on Costumes.
 - b. Cheques can be dated Oct 1, 2018. Credit Cards will be automatically charged on Oct 1.
- III. **\$100 COSTUME FEE PER RECREATIONAL CLASS & CHOREO FEES** | NON-REFUNDABLE AS OF NOV 1, 2018.
 - a. Cheques can be dated Nov 1, 2018. Credit Cards will be automatically charged on Nov 1.
- IV. **TUITION FEE**
 - a. 1 TUITION PAYMENT - Save 5% till September 10, 2018 ONLY! Payable by Cash, Cheque dated Sept. 1, 2018 OR Credit Card Authorization form
 - b. 9 EQUAL INSTALLMENTS- Enclose VOID Cheque & Auth Form by Aug 15, Credit Card Authorization Form OR 9 postdated cheques: 1/09/18- 1/05/19

GENERAL RELEASE FOR ALL PROGRAMS PARTICIPANTS: On behalf of myself, my heirs, personal representatives or assigns, or as the legal guardian of the minor registrant, do hereby release, indemnify and save harmless, waive and forever discharge The Dance Station Inc, it directors, employees, volunteers from liability for any and all claims resulting in personal injury, accidents or illness (including death) and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises or equipment. I also authorize The Dance Station Inc to obtain any medical care deemed necessary in the event of an injury and agree to pay for any resulting medical expenses. By signing this form, I acknowledge having read, understood and agreed to this waiver, releases and indemnity.

BY SIGNING BELOW, I AGREE TO THE PAYMENT TERMS ABOVE & ALL TDS POLICIES & PROCEDURES, INCLUDING GENERAL RELEASE, RECITAL, COSTUME, COMPETITIVE HANDBOOK & CANCELLATION POLICIES.

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

----- FOR OFFICE USE ONLY ----- FOR OFFICE USE ONLY -----

Payment Method: Void Chq# (till 08/15 only) _____ Post Dated Cheques Credit Card: VISA | MC Cash
 Payment Plan: 1 Tuition Payment (SAVE 5%) 9 Equal Tuition Installments Other: _____

REG FEE NON-REFUNDABLE DUE TODAY	Tuition Fees									Costume Deposits/Fees NON- REFUNDABLE OCT 1/ NOV 1 FOR REC COSTUMES	Choreography Fees NON- REFUNDABLE NOV 1	TOTAL
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May			
CHQ#												
\$25										_____ x \$100 =		

Last name on cheques (if different from students last name) _____
 Authorized Signature _____