



GENERAL REGISTRATION FORM
1800 Appleby Line, Burlington
905 632 5608

www.thedancestation.ca

STUDENT INFORMATION

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

FAMILY INFORMATION (*MANDATORY FIELDS)

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

Class Name	Day	Time	Fee	Class Name	Day	Time	Fee
1.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

IF 1ST CLASS CHOICE is FULL, LIST 2ND CLASS CHOICE BELOW: (optional)

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 FEE PER CLASS** | NON-REFUNDABLE AS OF NOV 1, 2019.
 - a. Cheques can be dated Nov. 1, 2019. Credit Cards will be automatically charged on Nov 1.
- III. **TUITION FEE**
 - a. 1 TUITION PAYMENT - Save 5% till September 9, 2019 ONLY! Payable by Cash, Cheque dated Sept. 1, 2019 OR Credit Card Authorization form
 - b. 9 EQUAL INSTALLMENTS- Submit VOID Cheque & Auth Form by Aug 15, Credit Card Auth Form OR 9 postdated cheques: 1/09/19 thru 1/05/20

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 (TDS), its 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 TDS's waivers, releases and indemnity.

BY SIGNING BELOW, I AGREE TO TDS'S RELEASE OF LIABILITY, TERMS OF PAYMENT AND ALL TDS'S POLICIES & PROCEDURES, RECITAL PROCEDURES INCLUDING BUT NOT LIMITED TO RECITAL POLICIES, COSTUME PURCHASE & USE POLICIES AND 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 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 _____