

**COMPETITIVE REGISTRATION
FORM**

1800 Appleby Line, Burlington
905 632 5608

www.thedancestation.ca

STUDENT INFORMATION

Name _____
Date of Birth (MM/DD/YYYY) _____ / _____ / _____ Age _____
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 e-Newsletters

| CLASS | DA Y | TI ME | Costu me Req'd (✓) | CLASS | DA Y | TI ME | Costu me Req'd (✓) | EXTRA CHOREOGRAPHY | Costu me Req'd (✓) |
|-------|---------|----------|-----------------------------|-------|---------|----------|-----------------------------|-----------------------------------|-----------------------------|
| 1. | | | | 9. | | | | Sm Gr: \$ x ____ = | |
| 2. | | | | 10. | | | | Discipline(s): | |
| 3. | | | | 11. | | | | | |
| 4. | | | | 12. | | | | Duet/ Trio: \$ x ____ = | |
| 5. | | | | 13. | | | | Discipline(s): | |
| 6. | | | | 14. | | | | | |
| 7. | | | | 15. | | | | Solo: \$ x ____ = | |
| 8. | | | | 16. | | | | Discipline(s): | |

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. \$30 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, 2023.

- a. Total Competitive Costume Cost will exceed \$100 Deposit. As of October 1, 2023 Family is responsible for FULL BALANCE owing on Costumes.
- b. Cheques can be dated Oct 1, 2023 Credit Cards will be automatically charged on Oct 1.

III. EXTRA CHOREO FEES | NON-REFUNDABLE AS OF NOV 1, 2023.

- a. Cheques can be dated Nov 1, 2023. Credit Cards will be automatically charged on Nov 1.

IV. TUITION FEE

- a. 1 TUITION PAYMENT - Save 5% till September 30, 2023 ONLY! Payable by Cash, Cheque dated Sept. 1, 2023 OR Credit Card Authorization form
- b. 3 EQUAL PAYMENTS - Credit Card Authorization Form OR 3 postdated cheques: 1/09/23, 1/12/23, 1/03/2024
- c. 9 EQUAL PAYMENTS- Credit Card Authorization Form OR 9 postdated cheques: 1/09/23 1/05/24 (PT & FT ONLY)

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, COMPETITIVE HANDBOOK AND CANCELLATION POLICIES.

DATE: _____ PARENT/GUARDIAN

SIGNATURE: _____

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

Payment Method: Post Dated Cheques
Cash

Credit Card: VISA | MC

Payment Plan: 1 Tuition Payment (SAVE 5%)
Payments

3 Payments

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| REG FEE NON- REFUNDABLE DUE TODAY | Tuition Fees | | | | | | | | | Costume Deposits/Fees NON- REFUNDABLE: OCT 1 | Choreography Fees NON- REFUNDABLE NOV 1 | TOTAL |
|--|--------------|---------|---------|---------|---------|---------|---------|---------|---------|---|--|-------|
| | Se p | Oc t | No v | De c | Ja n | Fe b | Ma r | Ap r | Ma y | | | |
| CHQ# | | | | | | | | | | | | |
| \$30 | | | | | | | | | | _____ x \$100 = | | |

Last name on cheques (if different from students last name)

Authorized Signature
