

**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 | DAY | TIME | Costume Req'd (✓) | CLASS | DAY | TIME | Costume Req'd (✓) | EXTRA CHOREOGRAPHY | Costume 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. \$35 REGISTRATION FEE** | NON-REFUNDABLE. | Due day of registration. 1 per family.
- II. \$150 COSTUME DEPOSIT PER COMPETITIVE & EXTRA CHOREO CLASS** | NON-REFUNDABLE AS OF OCT 1, 2025.
 - a. Total Competitive Costume Cost will exceed \$150 Deposit. As of October 1, 2025 Family is responsible for FULL BALANCE owing on Costumes.
 - b. Cheques can be dated Oct 1, 2025 Credit Cards will be automatically charged on Oct 1.
- III. EXTRA CHOREO FEES** | NON-REFUNDABLE AS OF NOV 1, 2025.
 - a. Cheques can be dated Nov 1, 2025 Credit Cards will be automatically charged on Nov 1.
- IV. TUITION FEE**
 - a. 1 TUITION PAYMENT - Save 5% till September 30, 2025 ONLY! Payable by Cash, Cheque dated Sept. 1, 2025 OR Credit Card Authorization form
 - b. 3 EQUAL PAYMENTS - Credit Card Authorization Form OR 3 postdated cheques: 1/09/25 1/12/25 1/03/26
 - c. 9 EQUAL PAYMENTS- Credit Card Authorization Form OR 9 postdated cheques: 1/09/25 1/05/26 (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

