

free house dance plus  
**Registration form - CHILDREN & TEENS**

**STUDENT INFO:** SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

BIRTHDATE: D/M/Y \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_ GENDER: \_\_\_ DANCE EXPERIENCE (new students only): \_\_\_\_\_

SPECIAL NEEDS/ALLERGIES/MEDICATIONS: \_\_\_\_\_

**\*\*Note:** It is your responsibility to consult with the proper medical authorities to determine if this activity is recommended for your child.

**PARENT/FAMILY INFO:** ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**MOTHER:** FIRST & LAST NAME: \_\_\_\_\_

WORK TEL#: \_\_\_\_\_ CELL: \_\_\_\_\_

**FATHER:** FIRST & LAST NAME: \_\_\_\_\_

WORK TEL#: \_\_\_\_\_ CELL: \_\_\_\_\_

HOME TEL#: \_\_\_\_\_ E-MAIL (NOT STUDENT'S): \_\_\_\_\_

**EMERGENCY CONTACT:** (other than parents)

FIRST & LAST NAMES: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

TEL#s: \_\_\_\_\_

**REGISTERING FOR:** Kinderdance: \_\_\_ Ballet: \_\_\_ Modern: \_\_\_ Jazz: \_\_\_ Musical Theatre: \_\_\_

Breakdance: \_\_\_ Hip-hop: \_\_\_ Tap: \_\_\_ Highland: \_\_\_ Irish: \_\_\_ Other: \_\_\_\_\_

CLASS LEVEL/DAY(S)/TIME(S): \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** Previously registered here: \_\_\_ Friend: \_\_\_ Print ad: \_\_\_ Phone Book: \_\_\_

Internet search: \_\_\_ C-Train ad: \_\_\_ Live in the area: \_\_\_ Other: \_\_\_\_\_

**PRIVACY:** Free House Dance Plus is committed to maintaining the security, confidentiality and privacy of your personal information. We collect, use, disclose, store and retain personal information to the extent required to provide you with dance instruction and related services. We restrict access to your personal information to only those employees and instructors who must use the information to provide services to you. We also endeavor to maintain physical, electronic and procedural safeguards to protect your personal information from unauthorized access, use, alteration or loss. We endeavor to keep accurate, complete and up-to-date personal information in our possession, so if you have updates to your personal information please contact us.

**IMPORTANT POLICY INFORMATION:**

1. **FULL YEAR PROGRAMS:** Registration fee plus first trimester tuition are payable at the time of registration. The balance of fees is payable at the time of registration by credit card pre-authorizations. The balance can be paid : 1) in two equal installments, processed November 1st & February 1st, or 2) if you pay the balance in full for the year by September 30th your fees will be discounted by 5%.

INITIAL: \_\_\_\_\_

2. **CANCELLATION:** Thirty (30) days written notice is required in the event of cancellation of any full year program and must be received prior to the first day of the last month. Part months are not refunded. The balance of tuition fees will be refunded. No refunds are given after February 1st.

INITIAL: \_\_\_\_\_

3. **PHOTO RELEASE:** I am aware that individual and group publicity photos and videos are taken from time to time. I hereby grant permission for my child likeness to be used in publicity or advertising for *Free House Dance Plus*.

INITIAL: \_\_\_\_\_

4. **WAIVER: FREE HOUSE DANCE PLUS LTD (hereinafter referred to as "FHDP") will not assume liability for any lost or stolen property or for any and all liability for any loss, damage, expense or injury (including death). I hereby agree to waive any and all claims that I have or may have in the future against FHDP and its directors, officers, shareholders, agents, employees, representatives, successors and assigns (hereinafter collectively referred to as the "Releasees") and release and indemnify the Releasees from any and against all liability for any loss, damage, expense or injury (including death) that I might suffer or that my next of kin may suffer arising from or in connection with participation in or practicing of any physical training, travel, athletic activity or contest through, with, in any way involving or in association with FHDP or use of or presence on or in premises owned or operated by FHDP or for the time being used by FHDP.**

INITIAL: \_\_\_\_\_

***I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE POLICIES & WAIVER:*** DATE: \_\_\_\_\_

NAME (print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Parent or guardian)

**PAYMENT AUTHORIZATION** (required for all mailed or faxed registrations or post-dated payments by credit card):

Name on card: \_\_\_\_\_ Card type & #: \_\_\_\_\_ Expiry: \_\_\_\_\_

Authorized payment details: \_\_\_\_\_ Signature \_\_\_\_\_

**OFFICE USE ONLY:**

PAYMENT DETAILS: Reg fee: \_\_\_\_\_ # Months: \_\_\_\_\_ Monthly fee: \_\_\_\_\_ TriMo/Annual: \_\_\_\_\_

1st Payment Amount: \_\_\_\_\_ Method: \_\_\_\_\_

BALANCE DETAILS : \_\_\_\_\_ Method: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_