

2023-2024 REGISTRATION FORM

Name of Student: _____
(family name) (given name) (preferred name)

Date of Birth: ____/____/____ **Age:** ____ by December **Male () Female ()**
(day) (month) (year)

Student Email: _____ **Student Cell #:** _____

*Student subscription to our mailing list for class announcements [] Yes [] No

Does your child have a sibling at Dancepirations: [] Yes [] No **If yes, provide their name(s):** _____

Date of Application: _____ **Health Card # (incl. letters and expiry):** _____

Home Address: _____ **City:** _____ **Postal Code:** _____

Home Telephone #: _____ **Parent's Marital Status:** Married () Divorced () Separated () Single () Other ()

Mother/Guardian Full Name: _____

Email: _____ **Cell #:** _____

Father /Guardian Full Name: _____

Email: _____ **Cell #:** _____

Preferred email for Communication: [] Mother's [] Father's [] Both

Name of persons other than parents to whom child may be released to or contacted in case of an emergency:

1. Name: _____ **Relationship:** _____ **Contact #:** _____

2. Name: _____ **Relationship:** _____ **Contact #:** _____

New Student- Previous Dance Experience: _____

Please indicate how you learned about Dancepirations: _____

Is your child allergic to: Medications [] Food [] Other [] **Does your child have an epi-pen?** Yes [] No []

Please specify: _____

Does your child take medication regularly? Yes [] No [] **If yes, please give details** _____

Check Selection

- Exclusive Deal #1: \$512.00 +HST/per 3 terms (4 Classes – Additional Classes @ \$408.00 + HST)**
- Exclusive Deal #2: \$685.00+HST/per 3 terms (5 Classes + 6th one FREE)**
- Exclusive Deal #3: \$999.00 +HST/per 3 terms (Unlimited Classes!!!)**
- Individual Classes: \$160.00 +HST/per 3 terms (2 classes – 5% off , 3 classes – 10% off , 4+ classes - 15% off)**

Additional competition fees for part/full-time, solos, duets, trios and small groups will apply

By signing this form I understand, take responsibility for all risks and give permission for me/my child to participate in Dancepirations Academy Inc. programs without restriction and would like to receive emails. I have read and agree to all the Terms and Conditions as set out by Dancepirations Academy Inc. **I have also signed the Waiver and Liability Release Form. There will be a \$25 administration fee charged for NSF cheques or late payments. If for whatever reason the studio is forced to close due to government regulations, online classes will resume. After 30 days if a dancer no longer wishes to participate, a refund or credit can be issued accordingly.**

Full Name of Applicant: _____ **Signature** _____ **Date** _____

2023-2024 Payment Authorization Form/Options and Terms

Name of Student: _____

(family name)

(given name)

(preferred name)

Billing Contact: Parent/Guardian: _____

(family name)

(given name)

(preferred name)

Email: _____ Contact #: _____

I understand there will be a \$25 administration fee charged for any NSF cheques or late payments. **Billing Contact Signature:** _____

Additional Fees apply for all Part/Full Time Competitive and Recreational Dancers. Please refer to the fee chart and Calendar for dates and fees.

Option 1: Authorized Credit Card Credit (5 % service charge will apply)

Choose One: Visa _____ MasterCard _____ Card # _____ Expiry Date: ____/____/____ CSV: _____
M Y (3 Digit Security Code)

Cardholder Name: _____

Billing Address: _____ City: _____ Postal Code: _____

I hereby confirm that I am the authorized user of the above noted credit card. I hereby authorize Dancepirations Academy Inc. to charge payments to the above noted credit card for class fees as chosen below:

a) Monthly Payment Option:

May 2023 (due at time of registration) \$ _____ September 2023- April 2024 (8 monthly payments) \$ _____ Card Holder Initials: _____

b) Term Installments:

1st Term Installment Date: ____/____/____ \$ _____ Card Holder Initials: _____
(Due at time of registration) (day) (month) (year)

2nd Term Installment December 01st, 2023 \$ _____ Card Holder Initials: _____

3rd Term Installment March 01st, 2024 \$ _____ Card Holder Initials: _____

c) One Full Payment: \$ _____

Authorized Card Holder Signature: _____ Date: ____/____/____

Option 2: Cheques (First payment due at time of registration along with post dated cheques)

a) Three Term Installments

1st Term Installment Date: ____/____/____ \$ _____ Cheque #: _____ Branch: _____
(Due at time of registration) (day) (month) (year)

2nd Term Installment December 01st, 2023 \$ _____ Cheque #: _____ Branch: _____

3rd Term Installment March 01st, 2024 \$ _____ Card Holder Initials: _____

b) Monthly Installments (May 2023 due at time of registration along with post dated cheques from September 2022-April 2022)

First Payment (pre-paid May 2023) Date: ____/____/____ \$ _____ Cheque #: _____ Branch: _____
(day) (month) (year)

September 1 st , 2023	\$ _____	Cheque #: _____	Branch: _____
October 1 st , 2023	\$ _____	Cheque #: _____	Branch: _____
November 1 st , 2023	\$ _____	Cheque #: _____	Branch: _____
December 1 st , 2023	\$ _____	Cheque #: _____	Branch: _____
January 1 st , 2024	\$ _____	Cheque #: _____	Branch: _____
February 1 st , 2024	\$ _____	Cheque #: _____	Branch: _____
March 1 st , 2024	\$ _____	Cheque #: _____	Branch: _____
April 1 st , 2024	\$ _____	Cheque #: _____	Branch: _____

c) One Full Payment: \$ _____ Date: ____/____/____ Cheque #: _____ Branch: _____

Option 3: e-Transfer

I hereby confirm that I will be making payments using e-Transfer. I understand it will be my responsibility to ensure payments are being made on time and that Dancepirations will contact me in June 2024 to pay any outstanding fees.

Billing Contact Full Name: _____ Billing Contact Signature: _____ Date: ____/____/____
(day) (month) (year)



WAIVER SCHEDULE AND RELEASE OF LIABILITY 2023-2024

In consideration of being allowed to participate in any way in the Dancepirations Academy Inc., dance/fitness program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Krystal Eisa and Panayiota Papaioannou o/a Dancepirations Academy Inc. their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I have read the Dancepirations Academy Inc. Covid 19/Outbreak Operational Guidelines and adhere to following all the health and safety protocols.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participants First and Last Name

Date: ____/____/____
Day Month Year

Emergency Contact First and Last Name

Emergency Contact Phone #

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

Parent/Guardian Name

Parent/Guardian Signature

Date: ____/____/____
Day Month Year

Witness' First and Last Name

Witness' Signature

Date: ____/____/____
Day Month Year

TERMS & CONDITIONS 2023-2024

Please read and review the following rules with your child.

Tuition Payments: Payment must be made in full prior as per the payment schedule indicated at the start of the dance program. Payments are accepted in the form of cash/cheque/credit card/Debit/email transfer. There will be a \$25 administration fee charged for NSF cheques or late payments.

Performance Fees: Additional fees (i.e. costume fees, entry fees, extra choreography fees, exam fees) must be paid on or before the date specified. There will be a costume fee(s) that will be due yearly per class enrolled as well as a fee for recital tickets at year end. A late fee of \$20 per class per child will be charged if payment is not paid by the specified time. Recital tickets will be made available for sale for anyone wishing to attend. There will be a fee associated with this.

Cancellation Policy: There are no refunds or transferral of fees on any payments received by Dancepirations Academy Inc. including the unused portion of a term payment, choreography fees, costume fees, competitions fees, rehearsal fees or merchandise purchased. Owner's discretion may apply. There will be no credits/refunds for classes not attended by the participant and/or cancelled due to weather or personal emergency reasons. We reserve the right to combine/cancel classes, temporarily or permanently, without advance notice, due to an emergency or low enrollment. Teachers are subject to change without notice. All class withdrawals must be done in writing, mail or email. Refunds will be given for classes that have been cancelled. If a refund is granted a \$50 admin fee will apply. Students are allowed to try out classes for the first week, after that they must enroll. After 30 days upon the start of dance classes, no refunds will be given if the student/family chooses to withdraw. If withdrawal is done before the 30 days, the month fee must be paid. If for whatever reason the studio is forced to close due to government regulations, online classes will resume. After 30 days if a dancer no longer wishes to participate, a refund or credit can be issued accordingly.

Dance Attire: You agree to wear the proper dance attire required for the class in which you are enrolled. If you are not wearing the proper attire, it will be the teacher's decision if you will be able to participate in class that day. All dancers, parents, and visitors must remove their outdoor footwear upon entrance to the studio. Absolutely NO outdoor shoes are allowed in the dance studio. This is outlined in the "Dancepirations Academy Inc. Studio Dance Attire". An attire information sheet will be emailed to all students in August before classes begin.

Dance Studio Property: The studio property should be treated with respect by all students/parents. Damage caused will be assessed and charged back. Dancepirations Academy Inc. is not responsible for any lost/stolen articles. Please leave all valuables at home.

Parents/Guardian: Please be sure to pick up students promptly after class. The studio is not responsible for your children after class. Please do not disturb classes already in progress (parents are not to be in the class). Please make every effort to bring your children to class on time. All guardians are expected to behave with respect to all students, teachers, and other parents. A zero-tolerance policy is in effect for both parents and students at the studio. The studio reserves the right to revoke the participation and entrance of parents and students if disobedient, disrespectful, and aggressive behaviour is observed. Foul language will not be tolerated by the studio. Bullying will not be allowed at any level.

Media: I authorize Dancepirations Academy Inc. Studio to copyright or publish any photographs or video footage taken of my child/guardian while participating as a student in the dance program for dance purposes (ie. recital, slideshow, website, social media). The recital will be videotaped and sold to parents. Dancepirations Academy Inc. may use these without limitations or reservations as it relates to the dance studio advertising. I authorize my child's photograph/video/voice/name to be used for promotional materials in print, all forms of digital media as well as online, including social media.

If you do not wish for photos/videos of your child be to used, check here This does not include the recital dvd which is mandatory. Otherwise, your child will not be permitted to participate in the recital.

Injury: In case of illness or injury Dancepirations Academy Inc. will contact the parent/guardian on file, if unavailable we will call the emergency contact. Dancepirations Academy Inc. will seek medical advice and act accordingly where treatment is deemed necessary. There is risk of injury when taking dance and/or fitness classes. Please refer to Waiver Schedule A below. Instructor(s) will complete an Accident Form/Illness report and the student's parent/guardian will be asked to sign for acknowledgement.

Parking Lot: Please drive carefully in and around the parking lot and park in the appropriate space designated.

Grounds for Dismissal (without refund): Attitudes that are disrespectful, uncooperative, or aggressive do not have a place at Dancepirations Academy Inc. Parents/Students will not speak negatively about one another or the instructors. Any inappropriate or slanderous remarks about Dancepirations Academy Inc. or its staff members on any social media site will be cause for immediate dismissal from the studio.

*Dancepirations Academy Inc. reserves the right to cancel a student's membership at any time if any of the above terms are violated**

Please note that Dancepirations Academy Inc. adheres to keeping all personal information provided to strictly confidential and used only for the direct purpose of the related program.

/WE HAVE READ, AND AGREE TO ABIDE BY THE RULES AND POLICIES ABOVE

Parent/Guardian: _____
(first name) (last name) (signature)

Name of Student: _____
(first name) (last name) (signature if student is of over 19)

Date: ____ / ____ / ____
Day Month Year