

ENCORE DANCE STUDIO

STUDENT'S NAME _____

AGE _____ BIRTH DATE _____ # OF YEARS DANCE EXPERIENCE _____

PRIMARY TELEPHONE # _____ EMAIL ADDRESS _____

MOTHER'S NAME _____ CELL # _____

FATHER'S NAME _____ CELL # _____

ADDRESS _____ CITY _____ POSTAL CODE _____

EMERGENCY CONTACT _____ PHONE # _____

PHYSICIAN'S NAME _____

HEALTH CARD NUMBER _____

PLEASE LIST ANY HEALTH PROBLEMS/MEDICATIONS _____

HOW DID YOU HEAR ABOUT US? RETURNING DANCER ___ OR OTHER (please specify) _____

CLASS(ES) – PLEASE LIST THE DAY/TIME AND CLASS YOU ARE REGISTERING FOR

REGISTRATION FEE: \$20 per household – to be handed in with registration form (non refundable)

Please read this liability waiver carefully.

ASSUMPTION OF RISK: I recognize that dancing requires physical exertion which may be strenuous and may cause physical injury, including muscle strain, broken bones, concussion, soft tissue damage or rarely, death. I understand that it is my responsibility to consult with a physician prior to my child participating in any activities with Encore Dance Studio and I represent that my child does not have a medical condition that would preclude safe participation. I acknowledge that I am aware that participating in dance or movement classes or activities involves inherent risks of personal injury and despite any precautions taken, accidents or injuries may occur. By signing this release, I assume all risks in connection with my child participating in dance or other activities with Encore Dance Studio, the use of any and all spaces or facilities used by Encore Dance Studio and any related travel.

Initials: _____

RELEASE: I agree to insure my child against any injury, damages, or losses resulting from any activities undertaken in connection with Encore Dance Studio or from traveling to and from these activities. I authorize Encore Dance Studio and its employees, agents and volunteers to provide any medical care, which they deem necessary for my child in the event of injury or illness. On behalf of myself, my heirs, next of kin, executors, administrators, representatives and assigns, I release and waive all claims and the right to bring suit against Encore Dance Studio and its representatives and agents, successors or assigns, including, without limitation, managers, employees, teachers, dancers, staff members, owners and volunteers (collectively "Encore Dance Studio") from any and all claims, causes of action, losses, injuries, damages or costs, including any claim for damages for personal injury or personal property damage, arising out of or in connection with participating in dance or other activities with Encore Dance Studio, including any medical care provided. Further, I agree to indemnify Encore Dance Studio from and against any and all demands, claims, and damages to persons or property, losses and liabilities, including reasonable attorney's fees arising out of or caused by my negligence or wilful misconduct.

Initials: _____

PHOTO AND VIDEO RELEASE: I understand that photos and/or videos may be taken of my child throughout the year and I authorize Encore Dance Studio to use or display any photos or videos depicting my child in any advertising or promotional materials, including but not limited to appearing on social media, email, websites or posters.

TUITION AND OTHER FEES: I understand and agree that I am signing up my dancer for a full season (as stated in studio policies) of dance and that tuition due is for the full term.

I understand that after September 15th full tuition, rehearsals, entry fees and costume fees are due. There will be no refunds/credits for any tuition, rehearsals, entry fees or costumes (competitive classes only).

I have read and agree to the terms as laid out in the studio policies that are available on the studio website at all times.

I have read and agree to the terms as laid out in the COVID-19 policies that are available on the studio website at all times.

I understand that after October 14th full tuition and costume fees are due. There will be no refunds/credits for any tuition or costumes (recreational classes only).

I understand that a 2% monthly and/or 26.4% annual interest charge (from September) will apply to all payments that are unpaid.

I understand that a \$20 fee will apply to all dishonoured cheques.

Parent/Guardian Name: _____

Parent/Guardian Signature _____ **Date** _____