

September - June (30 weeks)	September - Dec	January - June	
Student's Full Name:		Age:	Birthdate:
Telephone Number:		Emergency Number:	
Address:		Ville/City:	Postal Code:
Student's Cell:		Student's Email:	
Mother's Email:		Father's Email:	
Mother's Full Name:		Cell#	Work#
Father's Full Name:		Cell#	Work#
Child's Allergies (if any):			
Student's Health Card #			
Please List Previous Dance School & Training:			

**How did you hear about us?**

Friend  Website  Facebook  Online  Newspaper  Yellow Pages  Flyer  Sign  Other

**WAIVER/PHOTO/VIDEO RELEASE**

I agree to hold harmless from any and all liability the school, its officers, employees both in their professional capacity and personally harmless from any and all liability from any injury and/or claim(s) of any kind and/or nature whatsoever arising directly and/or indirectly from the participation of their child in the school, of effects and bodily injury occurring during class, performance and/or on premises utilized by the school. Students and teachers from the Pure Motion Dance Studio, are prohibited to copy, teach or share dance choreography's, performances, etc., to the public or outside Pure Motion Dance Studio.

I grant permission to the staff of the Pure Motion Dance Studio to take first aid or emergency measures for the care and protection of my child while under the supervision of the school. In case of medical emergency, I understand that my child can be transported to a medical facility for treatment if the emergency unit deems it necessary. I understand that in some medical situations the staff will need to contact the emergency resource before the child's parents/guardian.

I also understand and agree that the child's parents/guardian shall be responsible for any expenses incurred.

Parents/legal guardians give their permission to the Pure Motion Dance Studio to use photos and/or video of their child without remuneration in connection with school publications, advertising, tv and news coverage. (Names are never used or given out in order to protect dancers' privacy)

Should the other party fail to respect the above mentioned policy, the party shall be legally binded to endure legal penalties before a Court of Law.

I understand that tuition is non-refundable after cut-off date should I decide I no longer want to continue the classes.

SIGNATURE PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

CLASSES	DAY / TIME	TEACHER

**Costume Payments:** 9 years Under \$80 / 10yrs Up \$100+ (fees will be confirmed by Nov 1st)

2 options available

**1st Option:** 2 payments - Nov & Dec

**2nd Option:** full payment cash at demonstration

(Office Use Only)

**REGISTRATION FEE:** Cash (non-refundable)

\$20 each \_\_\_\_\_ \$50 (max) Family \_\_\_\_\_

Date & Staff Initial \_\_\_\_\_

Tuition Amount:	
Less Certificate, Discount, Other:	
GST (5%)	
QST (9.975%)	
<b>TOTAL:</b>	

PAYMENT INFORMATION	
CHECK	
CASH	
TRANSFER	
PAY PAL	