

A Frost Dance Experience – Registration Information and Dance Contract

Parent Information:

Parent/Guardian(s): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Mailing Address: P.O. Box _____ Street: _____

City: _____ Postal Code: _____

How did you hear about us _____ Referred By: _____

May we contact you by email to provide newsletters, messages, statements and other electronic communications? _____ . **E-mail address** _____

Student Information:

Student 1: First Name: _____ Last Name: _____

Age: _____ Birth Date: _____

Recreation Class: _____ Competitive Class: Y/N _____

_____	_____
_____	_____
_____	_____
_____	_____

Any Medical Conditions, behavioral, anxiety or allergies we should be aware of: _____

Student 2: First Name: _____ Last Name: _____

Age: _____ Birth Date: _____

Recreation Class: _____ Competitive Class: Y/N _____

_____	_____
_____	_____
_____	_____

Any Medical Conditions, behavioral, anxiety or allergies we should be aware of: _____

A Frost Dance Experience – Dance Contract

This contract has been written to ensure that all expenses regarding dance fees, dancewear, competition entry fees and costumes will be fully paid within the dance season – September to June, by the undersigned. The undersigned agrees that if they do not pay any outstanding invoices, the invoice and following information will be forwarded to a collection agency.

Make up classes for statutory holidays scheduled by the Artistic Director. Classes cancelled due to weather will be made up to a maximum of 1 class. Any additional classes cancelled due to weather will not be made up. Students may join an already existing class to make up the time. Extra classes will not be scheduled and refunds will not be given for students that are injured or sick. If these circumstances occur, students are welcome to join an already existing class to make up for missed class time.

The undersigned recognizes the importance of each student wearing proper dancewear during class time and agrees to cooperate with A Frost Dance Experience to provide all necessary items. **The undersigned recognizes that the dress code including body wear, hair and footwear will be strictly enforced by each teacher within the studio.**

Refunds will only be given until the end of December. There is no refund on the registration fee. A full refund will consist of all term fees minus the number of classes offered to date, at the per class rate. **Written notice of termination of classes must be given before a refund is made. There will be no refund of costume costs after December 31, 2019.** If any student wishes to refrain from attending their class before the end of the dance season, the undersigned is still responsible for covering the remainder of outstanding invoices.

The undersigned understands and agrees that A Frost Dance Experience reserves the right to void this membership for any action by the member, that is deemed undesirable and detrimental to A Frost Dance Experience and its other members. The undersigned represents that the above dance students have medical approval to proceed with normal routine exercise applicable to the dance arts.

I hereby grant permission for my child to participate in all dance program activities including photographs, recordings, and public performances and allow the use of any such material in which my child appears, for promotional, instructional, educational or commercial purposes.

I agree and understand dance involves risk of injury. I will not hold A Frost Dance Experience, its owners or staff responsible for any damages or injuries incurred by myself or any of my family members while participating in activities in the studio as well as at competitions, recitals and performances outside the studio.

I hereby give permission to have staff arrange for any emergency medical care including transportation, if necessary, in the event that a parent or guardian is not available.

Payment Option: In Full by Sep.30/19 Cheque _____, Credit Card _____, Pre Auth Payment _____
Monthly by Postdated Cheques _____, Credit Card _____, Pre Authorized Payment _____

Parent/Guardian Name: _____ Signature: _____

Date: _____ Student(s) Initials: _____