

ID #: \_\_\_\_\_

Date: \_\_\_\_\_

### STUDENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Birthday: \_\_\_\_\_

Email: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

### MEDICAL INFORMATION

Allergies: \_\_\_\_\_ YES \_\_\_\_\_ NO

Specify: \_\_\_\_\_

### ADDITIONAL INFORMATION

\_\_\_\_\_

\_\_\_\_\_

### PARENT/GUARDIAN 1

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

### PARENT/GUARDIAN 2

Name/Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

### EMERGENCY CONTACT

Name/Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_

**OFFICE USE:**

CL:

EL:

IN:

PD:

Please Choose From The Following Dates:

PROGRAMS	July 6 <sup>th</sup> - 10 <sup>th</sup>	July 13 <sup>th</sup> - 17 <sup>th</sup>	August 10 <sup>th</sup> - 14 <sup>th</sup>
Born To Dance - Half Day (9:30-12:00)		\$190.00	
Dream To Dance - Full Day (9:30-3:00)	\$375.00		\$375.00
Dream To Dance - Half Day (9:30-12:00)		\$265.00	
Live To Dance -Intermediate (9:30- 3:00)	\$475.00		\$475.00
Live To Dance – Intermediate Half Day (9:30 – 12:00)		\$335.00	
Live To Dance -Advanced (9:30- 3:00)	\$475.00		\$475.00
Live To Dance -Advanced – Half Day (9:30- 12:00)		\$335.00	
Destined to Dance- Intro to Competitive (9:30 - 3:00)	\$450.00		\$450.00

\_\_\_\_\_ VISA

\_\_\_\_\_ MASTERCARD

Please choose from one of the following payment methods:

\_\_\_\_\_ CHEQUE

\_\_\_\_\_ CASH

\*Please attach

ACCOUNT HOLDER NAME AND INFORMATION	
Name(s) (as shown on card)	Signature of Card Holder
Card Number	Expiry Date (mm/yy)
Date Signed	

I authorize Shift Dance Academy Ltd. to charge my credit card for any dance related expenses as detailed in this registration package.

I represent and warrant that all persons whose signatures are required for this bank account have signed this Authorization. Prices include applicable taxes.

**Payment Details:** Payment for Summer 2020 Programs will be processed immediately upon registration. In the event that in studio-instruction is unavailable, all classes will run as scheduled through a digital platform.

**Cancellation Policy:** Any Summer Program changes or cancellation must be provided in writing to Shift Dance Academy, 14 business days prior to the start of the Summer Program selected. No refunds will be provided beyond that point. All cancellations are subject to a 15% non-refundable administration fee.

**Health & Safety:** Shift Dance Academy staff reserve the right to send any dancer showing flu/illness- like symptoms home for the safety for all parties. No refunds will be given for missed classes.

I agree to pay all tuition related and additional fees detailed in this registration package for each student enrolled at SHIFT DANCE ACADEMY LTD.

PARENT  
INITIALS

I hereby grant or deny (as marked by my selection below) to and for **SHIFT DANCE ACADEMY LTD.** to use images of my child / children as the owner of **SHIFT DANCE ACADEMY LTD.** determines, such use to include the taking, recording, photographing, display, distribution, publication, transmission, or other uses of photographs, video recordings, digital records and other images taken or made during the course of my child/children's activities at or with **SHIFT DANCE ACADEMY LTD.** Such uses may include, but are not limited to, advertising and promotional materials, brochures, newsletters and electronic media including the **SHIFT DANCE ACADEMY LTD.** website.

**Grant permission to use my child's image in the following way:**  
Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by **SHIFT DANCE ACADEMY LTD.** for a variety of purposes and that these images may be used without further notification.

**Deny permission to use my child's image at all.**  
(Please note that some of our demonstrations are videotaped; therefore, your child will not be asked to participate in these events.)

I hereby waive all present and future claims for any loss, damage or personal injury sustained by the above mentioned student (hereinafter referred to as "the student") including but not limited to, physical injury, illness, including but not limited to COVID-19, sustained by the student during classes, performances or competitions and I further release, remise and completely discharge the promoters, directors, principals and employees of **SHIFT DANCE ACADEMY LTD.** or any competition attended by **SHIFT DANCE ACADEMY LTD.** from any and all liability whatsoever for any injury, illness or loss caused as a direct result of any act or omission by any of them.

**I hereby acknowledge and agree to all of the terms and conditions set out in this registration package.**

\*\*Upon registration, Summer Program 2020 fees will be processed immediately.

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Signature of Parent/Guardian

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Date

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Print Name(s)