

STUDENT INFORMATION	
Name:	
Address:	
City:	
Postal Code:	
Birthday:	
School:	
Grade:	
Home Phone:	
MEDICAL INFORMATION	
Allergies:	<input type="checkbox"/> YES <input type="checkbox"/> 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:	

SPRING PROGRAMS	PROGRAM FEES
Beginner Acro/Jazz Combo Class – 6-8yrs (Tuesday 5:15-6:00pm)	<input type="checkbox"/> \$230.00*
Beginner Acro/Jazz Combo Class – 9+yrs (Tuesday 6:00-7:00pm)	<input type="checkbox"/> \$365.00*

**Program fees include instruction for the 10-week session, dancer registration fee, recital performance fee, a recital costume fee, and applicable taxes.*

OFFICE USE:			
CL:	EL:	IN:	PD:

PAYMENT METHODS	
Credit Card (complete section below)	EFT (attach VOID cheque)
Cash	Cheque (attach cheque)

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

I represent and warrant that all persons whose signatures are required for this account have signed this Authorization.

Upon registration, programs fees are due and will be charged in full to the account selected.

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

INCIDENTALS	
I, the undersigned, hereby GRANT/DENY permission for my child/children to charge any dance related expenses that include, but are not limited to, food, beverage, and dance apparel directly to my account.	
<input type="checkbox"/> Grant	<input type="checkbox"/> Deny

ADDITIONAL FEES
All dancers will participate in our Shift Dance Academy year end show on June 2, 2024, at Centennial Theatre. Tickets for the recital can be purchased through Centennial Theatre Box Office in mid- May.

HEALTH AND SAFETY
Shift Dance Academy staff reserve the right to send any dancer showing flu/illness- like symptoms home for the safety for all parties. In the event of inclement weather, Shift Dance Academy staff reserve the right to cancel classes for the safety for all parties. No refunds or credits will be given for missed/cancelled classes.

I agree to pay all Spring Program fees detailed in this registration package for each student enrolled at SHIFT DANCE ACADEMY LTD.

PARENT INITIALS

MEDIA RELEASE

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 the year end recital is videotaped; therefore, your child will not be asked to participate in these events.)

LIABILITY WAIVER

INITIALS

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.

ACKNOWLEDGEMENT AND AGREEMENT

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

**Upon registration, 2024 Spring Program fees will be processed immediately.

Signature of Parent/Guardian

Date Signed

Print Name(s)