

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: _____

OFFICE USE:

CL:

EL:

IN:

PD:

Please Choose From The Following Programs:

PROGRAMS	July 6 th - 10 th	August 10 th – 14 th
Dream To Dance - Full Day (9:30 AM – 3 PM) Ages 4+	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$400.00
Dream To Dance - Half Day (9:30 AM – 12 PM)	<input type="checkbox"/> \$310.00	<input type="checkbox"/> \$310.00
Destined to Dance – Pre-Competitive Ages 6+ (9:30 AM – 3 PM)	<input type="checkbox"/> \$475.00	<input type="checkbox"/> \$475.00
Live To Dance (9:30 AM – 3 PM)	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$500.00
Live To Dance - Half Day (9:30 AM – 12 PM)	<input type="checkbox"/> \$375.00	
Live to Dance – Advanced Dancers Only (9:30 AM – 3 PM)	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$500.00

**Prices do NOT include taxes.*

Choose from the following payment methods:

☐ Visa/Mastercard

Name (as shown on card)	
Card Number	Expiry Date (mm/yy)
Card Holder Signature	Date Signed

☐ Electronic Funds Transfer (EFT)

Name (as shown on account)	Transit Number (5 digits)
Account Number	Institution Number (3 digits)
Account Holder Signature	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 do not include applicable taxes.

Payment Details: Payment for Summer 2026 Programs will be processed immediately upon registration.

Cancellation Policy: Any Summer Program changes, or cancellation, must be provided in writing to Shift Dance Academy, 14 business days prior to start of the Summer Program selected. No refund will be provided beyond that point. All cancellations are subject to a \$50.00+ tax non-refundable administrative fee.

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

MEDIA RELEASE

I hereby grant or deny (as marked by my selection below) for my child, _____ (print first and last name of the Student), 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'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 (the Student) will not be asked to participate in these events).

LIABILITY WAIVER

I hereby waive all present and future claims for any loss, damage or personal injury/illness sustained by my child, _____ (print first and last name of the Student), including but not limited to an accident, injury, or illness sustained by my child (the Student) during classes, performances or outdoor activities or outings, and I further release, remise and completely discharge the owners, teaching staff, guest faculty, and employees of SHIFT DANCE ACADEMY LTD. or any event or performance 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.

PARENT
INITIALS

HEALTH & SAFETY

Shift Dance Academy staff reserve the right to ask any dancer showing flu/illness/infection/cold symptoms or presents with another contagious or transmissible condition, to leave the premise, competition, performance, or rehearsal immediately. This includes, but is not limited to, pink eye, lice, and hand foot and mouth. Any dancer who has been exposed to a confirmed contagious/infectious disease, including, but not limited to COVID-19, must follow the BC Provincial Health guidelines (unless otherwise specified by the Health Authority) before entering the building. NO REFUNDS will be provided for any missed classes or performances. Classes cancelled due to extreme weather or power outages will not be refunded and will be forfeited.

PARENT
INITIALS

IMPROMPTU WALKING FIELD TRIP

Walking field trips are often spontaneous and may include but are not limited to a neighbourhood walk, use of a community field, or playground, or a picnic in the park. I understand the impromptu nature and inherent risks of a walking field trip.

I hereby grant or deny (as marked by my selection below) for my child, _____ (print first and last name of the Student), to leave Shift Dance Academy under the supervision of Shift staff.

☐ **GRANT permission for my child to participate in impromptu walking field trips.**

I agree to send my child with sunscreen in their bag every day and confirm that my child is capable of applying sunscreen independently prior to any outing. Students are strongly encouraged to bring hats and additional sun protection as determined by their Parent/Guardian. Appropriate walking shoes are required. I understand that Students without proper sun protection and footwear may be asked to stay at the studio.

☐ **DENY permission for my child to participate in outdoor activities or outings.**

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

****Upon registration, Summer Program 2026 fees will be processed immediately.**

Parent/Guardian Name

Parent/Guardian Signature

Date

PARENT
INITIALS